## Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 1 of 54

| Fill in this information to identify your case: |                               |                                      |
|---|-------------------------------|--------------------------------------|
| United States Bankruptcy Court for the:         |                               |                                      |
| DISTRICT OF NEW JERSEY                          |                               |                                      |
| Case number (if known)                          | Chapter you are filing under: |                                      |
|   | ■ Chapter 7                   |                                      |
|   | ☐ Chapter 11                  |                                      |
|   | ☐ Chapter 12                  |                                      |
|   | ☐ Chapter 13                  | ☐ Check if this is an amended filing |

### Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself   |  |   |
|-----|--|--|---|
|     |  | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your full name   |  |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's  | Tracy First name L.                      | First name                                    |
|     | license or passport).  | Middle name                              | Middle name                                   |
|     | Bring your picture identification to your  | Doran                                    |   |
|     | meeting with the trustee.  | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names and any assumed, trade names and doing business as names.  Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition. |  |   |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN)   | xxx-xx-5724                              |   |

Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 2 of 54

Debtor 1 Tracy L. Doran Case number (if known)

|                 |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|-----------------|--|---|--|
| 1.              | Your Employer<br>Identification Number<br>(EIN), if any. |   |  |
| (EIN), II ally. |  | EIN   | EIN  |
| 5.              | Where you live   |   | If Debtor 2 lives at a different address:  |
|                 |  | 34 Bank Street<br>Apartment 3306<br>Netcong, NJ 07857   |  |
|                 |  | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
|                 |  | Morris County   | County   |
|                 |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|                 |  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
|                 | Why you are choosing                                     | Check one:  | Check one:   |
| ο.              | this district to file for                                | спеск опе.  | Спеск опе:   |
|                 | bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |
|                 |  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|                 |  |   |  |

Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 3 of 54

Debtor 1 Tracy L. Doran Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. District When Case number When District Case number When Case number District 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When Case number, if known District Debtor Relationship to you When Case number, if known District 11. Do you rent your Go to line 12. ☐ No. residence? Has your landlord obtained an eviction judgment against you? Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 4 of 54

| Deb  | otor 1 Tracy L. Doran   |                      |  |   | Case number (if known)   |
|------|---|----------------------|--|---|--|
|      |   |                      |  |   |  |
| Par  | Report About Any Bu   | ısinesses            | You Own  | as a Sole Proprieto   | or   |
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.                | Go to  | Part 4.   |  |
|      |   | ☐ Yes.               | Name   | and location of busing  | ness   |
|      | A sole proprietorship is a  |                      |  |   |  |
|      | business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC.   |                      | Name   | of business, if any   |  |
|      | If you have more than one sole proprietorship, use a separate sheet and attach  |                      | Numb   | er, Street, City, State   | e & ZIP Code   |
|      | it to this petition.  |                      | Checi  | k the appropriate box   | to describe your business:   |
|      |   |                      |  | Health Care Busine  | ess (as defined in 11 U.S.C. § 101(27A))   |
|      |   |                      |  | Single Asset Real I   | Estate (as defined in 11 U.S.C. § 101(51B))  |
|      |   |                      |  | Stockbroker (as de  | fined in 11 U.S.C. § 101(53A))   |
|      |   |                      |  | Commodity Broker  | (as defined in 11 U.S.C. § 101(6))   |
|      |   |                      |  | None of the above   |  |
| 13.  | Are you filing under Chapter 11 of the Bankruptcy Code, and are you a <i>small business debtor</i> or a debtor as defined by 11 U.S. C. § 1182(1)? For a definition of <i>small business debtor</i> , see 11 U.S.C. § 101(51D). | proceed<br>you are o | under Sul<br>choosing t<br>v statemen<br>I(B).<br>I am r | ochapter V so that it to<br>o proceed under Sub<br>nt, and federal incom<br>not filing under Chapt<br>iling under Chapter 1 | ourt must know whether you are a small business debtor or a debtor choosing to can set appropriate deadlines. If you indicate that you are a small business debtor or schapter V, you must attach your most recent balance sheet, statement of operations, the tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. er 11.  1, but I am NOT a small business debtor according to the definition in the Bankruptcy |
|      | 0.0.0.3 101(012).   | ☐ Yes.               |  |   | 1, I am a small business debtor according to the definition in the Bankruptcy Code, and I under Subchapter V of Chapter 11.  |
|      |   | ☐ Yes.               |  |   | 1, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11.  |
| Pari | Report if You Own or  | Have Any             | Hazardo  | us Property or Any  | Property That Needs Immediate Attention  |
| 14.  | Do you own or have any  | ■ No.                |  |   |  |
|      | property that poses or is alleged to pose a threat  | ☐ Yes.               |  |   |  |
|      | of imminent and   | <b>—</b> 103.        | What is  | the hazard?   |  |
|      | identifiable hazard to public health or safety?   |                      |  |   |  |
|      | Or do you own any property that needs immediate attention?  |                      |  | liate attention is why is it needed?  |  |
|      | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                      | Where is   | s the property?   |  |
|      |   |                      |  |   | Number, Street, City, State & Zip Code   |

Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 5 of 54

Debtor 1 Tracy L. Doran Case number (if known)

Part 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 ☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 6 of 54

| Der | Tracy L. Doran  |                       |  |   |   |
|-----|---|-----------------------|--|---|---|
| Par | t 6: Answer These Quest   | ions for R            | eporting Purposes  |   |   |
| 16. | What kind of debts do you have?   | 16a.                  |  | consumer debts? Consumer debts are def rsonal, family, or household purpose."               | ined in 11 U.S.C. § 101(8) as "incurred by an   |
|     |   |                       | Yes. Go to line 17.  |   |   |
|     |   | 16b.                  |  | business debts? Business debts are debts  | that you incurred to obtain   |
|     |   |                       |  | vestment or through the operation of the bus  |   |
|     |   |                       | ☐ No. Go to line 16c.  |   |   |
|     |   | 4.0                   | Yes. Go to line 17.  |   |   |
|     |   | 16c.                  | State the type of debts you                                  | owe that are not consumer debts or busines  | ss debts  |
| 17. | Are you filing under Chapter 7?   | □ No.                 | I am not filing under Chapte                                 | er 7. Go to line 18.  |   |
|     | Do you estimate that after any exempt property is excluded and                          | ■ Yes.                |  | . Do you estimate that after any exempt propavailable to distribute to unsecured creditors  | perty is excluded and administrative expenses ?   |
|     | administrative expenses   |                       | ■ No   |   |   |
|     | are paid that funds will<br>be available for<br>distribution to unsecured<br>creditors? |                       | ☐ Yes  |   |   |
| 18. | How many Creditors do   | <b>■</b> 1-49         |  | <b>1</b> ,000-5,000   | □ 25,001-50,000   |
|     | you estimate that you owe?  | ☐ 50-99               |  | ☐ 5001-10,000   | <b>5</b> 0,001-100,000  |
|     |   | ☐ 100-1               |  | □ 10,001-25,000   | ☐ More than100,000  |
|     |   | 200-9                 | 99   |   |   |
| 19. | How much do you estimate your assets to   | □ \$0 - \$            |  | ☐ \$1,000,001 - \$10 million  | ☐ \$500,000,001 - \$1 billion   |
|     | be worth?   |                       | 01 - \$100,000<br>001 - \$500,000                            | ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million                                | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion                   |
|     |   |                       | 001 - \$500,000<br>001 - \$1 million                         | □ \$100,000,001 - \$500 million   | ☐ More than \$50 billion  |
| 20. | How much do you   | □ \$0 - \$            | 50,000   | □ \$1,000,001 - \$10 million  | ☐ \$500,000,001 - \$1 billion   |
|     | estimate your liabilities to be?  | <b>□</b> \$50,0       | 001 - \$100,000  | □ \$10,000,001 - \$50 million   | \$1,000,000,001 - \$10 billion  |
|     |   | _ `                   | 001 - \$500,000  | ☐ \$50,000,001 - \$100 million<br>☐ \$100,000,001 - \$500 million                           | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion                               |
|     |   | <b>□</b> \$500,       | 001 - \$1 million  | <b>—</b> \$100,000,001 - \$000 Hillion  | - Word than 450 billion   |
| Par | t 7: Sign Below   |                       |  |   |   |
| For | you   | I have ex             | camined this petition, and I de                              | eclare under penalty of perjury that the infor  | mation provided is true and correct.  |
|     |   | If I have<br>United S | chosen to file under Chapter<br>tates Code. I understand the | 7, I am aware that I may proceed, if eligible relief available under each chapter, and I cl | , under Chapter 7, 11,12, or 13 of title 11, hoose to proceed under Chapter 7.          |
|     |   |                       |  | d not pay or agree to pay someone who is not<br>the notice required by 11 U.S.C. § 342(b).  | ot an attorney to help me fill out this   |
|     |   | I request             | relief in accordance with the                                | e chapter of title 11, United States Code, spe  | ecified in this petition.   |
|     |   | bankrupt<br>and 357   | cy case can result in fines up                               | nt, concealing property, or obtaining money on to \$250,000, or imprisonment for up to 20   | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, |
|     |   | Tracy L               | . Doran<br>e of Debtor 1                                     | Signature of Debto  | or 2  |
|     |   | Executed              | d on <b>May 5, 2023</b>                                      | Executed on   |   |
|     |   |                       | MM / DD / YYYY   | MN  | // DD / YYYY  |

Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 7 of 54

|          |                | J                      |  |
|----------|----------------|------------------------|--|
| Debtor 1 | Tracy L. Doran | Case number (if known) |  |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Joan Sirkis Warren                 | Date          | May 5, 2023            |
|--|---------------|------------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY         |
| 1 O' 1 ! . W                           |               |                        |
| Joan Sirkis Warren                     |               |                        |
| Printed name                           |               |                        |
| Lavery & Sirkis                        |               |                        |
| Firm name                              |               |                        |
| 699 Washington Street                  |               |                        |
| Suite 103                              |               |                        |
| Hackettstown, NJ 07840                 |               |                        |
| Number, Street, City, State & ZIP Code |               |                        |
| 000 000 0404                           |               |                        |
| Contact phone 908-850-6161             | Email address | joan@joanlaverylaw.com |
| JW4841 NJ                              |               |                        |
| Bar number & State                     |               | <del></del>            |

## Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 8 of 54

|                     |                          | Document               | Page 8 of 54 |                                      |
|---------------------|--------------------------|------------------------|--------------|--------------------------------------|
| Fill in this infor  | mation to identify your  | case:                  |              |                                      |
| Debtor 1            | Tracy L. Doran           |                        |              |                                      |
|                     | First Name               | Middle Name            | Last Name    |                                      |
| Debtor 2            |                          |                        |              |                                      |
| (Spouse if, filing) | First Name               | Middle Name            | Last Name    |                                      |
| United States Ba    | ankruptcy Court for the: | DISTRICT OF NEW JERSEY |              |                                      |
| Case number         |                          |                        |              |                                      |
| (if known)          |                          |                        |              | ☐ Check if this is an amended filing |
|                     |                          |                        |              |                                      |
|                     |                          |                        |              |                                      |
| O((; :   E          | 4000                     |                        |              |                                      |

### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

|     |  | Your a      | ecote                   |
|-----|--|-------------|-------------------------|
|     |  |             | of what you own         |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 435,000.00              |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 21,702.00               |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 456,702.00              |
| Pai | t 2: Summarize Your Liabilities  |             |                         |
|     |  |             | abilities<br>It you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 416,863.44              |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 0.00                    |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 52,294.00               |
|     | Your total liabilities   | \$          | 469,157.44              |
| Pai | t 3: Summarize Your Income and Expenses  |             |                         |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 5,645.84                |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 5,600.00                |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records   |             |                         |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other sc | hedules.                |
| 7.  | ■ Yes What kind of debt do you have?   |             |                         |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for   | a nersonal  | family or               |

the court with your other schedules.

Official Form 106Sum

Summary of Yo

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

# Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 9 of 54

Debtor 1 Tracy L. Doran Case number (if known)

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |      |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 10 of 54

|  |   |                           | Doc       | ument Page 10 of 54   |                                   |            |  |
|--|---|---------------------------|-----------|---|-----------------------------------|------------|--|
| Fill in this infor   | mation to identify you                                    | r case and th             | is filing | <b>;</b>  |                                   |            |  |
| Debtor 1   | Tracy L. Doran  |                           |           |   |                                   |            |  |
|  | First Name  | Middle                    | Name      | Last Name   |                                   |            |  |
| Debtor 2   |   |                           |           |   |                                   |            |  |
| (Spouse, if filing)  | First Name  | Middle                    | Name      | Last Name   |                                   |            |  |
| United States Ba   | ankruptcy Court for the:                                  | DISTRICT                  | OF NEV    | V JERSEY  |                                   |            |  |
| Case number _  |   |                           |           |   |                                   |            | Check if this is an amended filing   |
| Schedul<br>In each category, s   |   | ibe items. List a         |           | only once. If an asset fits in more than one married people are filing together, both are                                       |                                   |            |  |
| Answer every ques  Part 1: Describe  1. Do you own or l  No. Go to Pai | stion.  Each Residence, Buildin have any legal or equital | ng, Land, or Otl          | her Real  | nis form. On the top of any additional pages  Estate You Own or Have an Interest In  ence, building, land, or similar property? | ,                                 |            |  |
| 1.1  8 Abbot D  Street address,  | <b>Drive</b> if available, or other description           | on                        | What      | is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative               | the amount of any                 | secured cl | s or exemptions. Put<br>aims on <i>Schedule D:</i><br>Secured by Property. |
| Lake Hop   | atcong NJ 07  | <b>7849-0000</b> ZIP Code |           | Manufactured or mobile home  Land  Investment property  | Current value of entire property? | ŗ          | Current value of the portion you own?                                      |
| ,  |   |                           |           | ☐ Timeshare ☐ Other  Who has an interest in the property? Check one   | Describe the nati                 | ure of you | r ownership interest<br>by by the entireties, or                           |
| Morris   |   |                           |           | Debtor 2 only   |                                   |            |  |
| County   |   |                           |           | Debtor 1 and Debtor 2 only At least one of the debtors and another  | Check if this (see instruction:   |            | inity property   |
|  |   |                           | prope     | rinformation you wish to add about this iter<br>erty identification number:   |                                   |            |  |
|  |   |                           | deb       | tor's former marital home owned j   | ontly with form                   | er spou    | se   |
| 2. Add the dol   | lar value of the portio                                   | n you own fo              | r all of  | your entries from Part 1, including any   | entries for                       |            | <b>A</b> 405 600 00  |
|  |   |                           |           | r here  |                                   |            | \$435,000.00   |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 11 of 54

| Debi          | or i racy L. Doran   |  | Case number (if known)                  |   |
|---------------|--|--|---|---|
| 3. <b>C</b> a | ars, vans, trucks, tractors, sport utility ve  | hicles, motorcycles  |   |   |
| П             | No   | •  |   |   |
| _             | Yes  |  |   |   |
|               | 165  |  |   |   |
| 3.1           | Make: Chevrolet  | Who has an interest in the property? Check one                             |   | red claims or exemptions. Put                                 |
| 0.1           | Model: Trax  | Debtor 1 only  |   | ecured claims on Schedule D:<br>e Claims Secured by Property. |
|               | Year: 2019   | Debtor 2 only  |   |   |
|               | Approximate mileage: 21000   | Debtor 1 and Debtor 2 only   | Current value of th<br>entire property? | ne Current value of the portion you own?                      |
|               | Other information:   | ☐ At least one of the debtors and another                                  |   |   |
|               | -daughter;s car  |  | <b>645</b> 700                          | 00 045 700 00   |
|               | -Mom co-signed   | ☐ Check if this is community property (see instructions)                   | \$15,789.<br>———                        | 00 \$15,789.00  |
| 3.2           | Make: Ford   | Who has an interest in the property? Check one                             |   | red claims or exemptions. Put                                 |
|               | Model: <b>F350</b>   | ■ Debtor 1 only  |   | ecured claims on Schedule D:<br>e Claims Secured by Property. |
|               | Year: <b>2008</b>  | Debtor 2 only  | Current value of th                     |   |
|               | Approximate mileage:   | Debtor 1 and Debtor 2 only   | entire property?                        | portion you own?  |
|               | Other information:   | ☐ At least one of the debtors and another                                  |   |   |
|               | former spouse car  | ☐ Check if this is community property (see instructions)                   | \$2,273.                                | 92,273.00   |
|               |  | rn for all of your entries from Part 2, including that number here         |   | \$18,062.00   |
| Part          | 3: Describe Your Personal and Household It   | ems  | L                                       |   |
|               | ou own or have any legal or equitable in   |  |   | Current value of the portion you own?                         |
|               |  |  |   | Do not deduct secured claims or exemptions.                   |
| <i>E</i>      | busehold goods and furnishings  xamples: Major appliances, furniture, linens  No               | , china, kitchenware   |   |   |
|               | Yes. Describe  |  |   |   |
|               | household good   | ds and furinture   |   | \$2,500.00  |
|               | ectronics<br>xamples: Televisions and radios; audio, vide<br>including cell phones, cameras, m | eo, stereo, and digital equipment; computers, prin<br>nedia players, games | iters, scanners; music co               | llections; electronic devices                                 |
| _             | No<br>Yes. Describe  |  |   |   |
|               |  |  |   |   |
| E             | other collections, memorabilia, co   | prints, or other artwork; books, pictures, or other a                      | art objects; stamp, coin, o             | or baseball card collections;                                 |
|               | No<br>Yes. Describe  |  |   |   |

Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 12 of 54

| Part Do :        | ■ No □ Yes  Deposits of money   | in a safe deposit box, and on hand when you file your petiti                    |   |
|------------------|---|---|---|
| Part Do :        | for Part 3. Write that number here  | in a safe deposit box, and on hand when you file your petition                  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Part Do :        | for Part 3. Write that number here  | in a safe deposit box, and on hand when you file your petiti                    | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| <b>Part Do</b> ; | for Part 3. Write that number here  | of the following?  in a safe deposit box, and on hand when you file your petiti | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Part             | for Part 3. Write that number here  |   | Current value of the portion you own? Do not deduct secured                       |
| Part             | for Part 3. Write that number here  |   |   |
| 15.              |   |   | \$3,100.00  |
|                  |   | 2 including any entries for pages you have attached                             |   |
|                  | ■ No  ☐ Yes. Give specific information  |   |   |
| _                | Any other personal and household items you did not<br>■ No                        | already list, including any health aids you did not list                        |   |
| ı                | No ☐ Yes. Describe  |   |   |
|                  | Non-farm animals Examples: Dogs, cats, birds, horses                              |   |   |
|                  | misc jewelry  |   | \$100.00  |
|                  | Jewelry  Examples: Everyday jewelry, costume jewelry, engageme  No  Yes. Describe | ent rings, wedding rings, heirloom jewelry, watches, gems, g                    | gold, silver  |
|                  | clothing  |   | \$500.00  |
| _                | ■ Yes. Describe   |   |   |
|                  | Clothes  Examples: Everyday clothes, furs, leather coats, designe  ☐ No           | er wear, shoes, accessories   |   |
|                  | Examples: Pistols, rifles, shotguns, ammunition, and rela  ■ No  □ Yes. Describe  | itea equipment  |   |
|                  | Firearms  |   |   |
| 10.              | ☐ Yes. Describe   |   |   |
| ا<br>۱۵. ا       | No ☐ Yes. Describe  |   |   |
| E<br>□<br>10. □  | musical instruments  No   | by equipment; bicycles, pool tables, golf clubs, skis; canoes                   | and kayaks; carpentry tools;  |

Official Form 106A/B Schedule A/B: Property page 3

Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 13 of 54

| D  | ebtor 1             | Tracy L. Doran       |   |  | Case number (if known)  |                          |
|----|---------------------|----------------------|---|--|---|--------------------------|
|    |                     |                      |   |  |   |                          |
| 18 | Exampl              |                      | publicly traded stocks<br>restment accounts with l  | brokerage firms, money market  | accounts  |                          |
|    | ■ No<br>□ Yes       |                      | Institution or issue                                | er name:   |   |                          |
| 19 | . Non-pul           | •                    | c and interests in inco                             | rporated and unincorporated  | businesses, including an interest in                          | an LLC, partnership, and |
|    | ■ No                | siiture              |   |  |   |                          |
|    | ☐ Yes. (            | Give specific inforn | nation about them<br>Name of entity:                |  | % of ownership:   |                          |
| 20 | Negotia<br>Non-ne   | able instruments inc | clude personal checks, c                            | gotiable and non-negotiable in cashiers' checks, promissory not transfer to someone by signing | tes, and money orders.  |                          |
|    | ■ No                | Give specific inform | ation about them                                    |  |   |                          |
|    | Li res. c           | Sive specific inform | Issuer name:  |  |   |                          |
| 21 | Exampl<br>□ No<br>□ |                      | , ERISA, Keogh, 401(k)                              | , 403(b), thrift savings accounts  | , or other pension or profit-sharing plar                     | าร                       |
|    | ■ Yes. L            | ist each account s   | eparately.<br>Type of account:                      | Institution name:  |   |                          |
|    |                     |                      | 401K  | pension  |   | Unknown                  |
| 22 | Your sh             |                      | eposits you have made                               | so that you may continue servicent, public utilities (electric, gas, w                         | ce or use from a company vater), telecommunications companies | , or others              |
|    | _                   |                      |   | Institution name or ind  | lividual:   |                          |
| 23 | . Annuitie          | es (A contract for a | periodic payment of mo                              | oney to you, either for life or for a  | a number of years)  |                          |
|    | ☐ Yes               | lssue                | er name and description.                            |  |   |                          |
| 24 |                     |                      | <b>IRA, in an account in a</b> A(b), and 529(b)(1). | qualified ABLE program, or u   | under a qualified state tuition progra                        | ım.                      |
|    | ☐ Yes               | Instit               | ution name and descript                             | ion. Separately file the records   | of any interests.11 U.S.C. § 521(c):                          |                          |
| 25 | ■ No                | ·                    | e interests in property nation about them           | (other than anything listed in   | line 1), and rights or powers exercis                         | sable for your benefit   |
| 26 |                     |                      |   | and other intellectual property  | n.  |                          |
| 20 |                     |                      |   | and other intellectual propert<br>eeds from royalties and licensin                             | •   |                          |
|    | ☐ Yes. (            | Give specific inforn | nation about them                                   |  |   |                          |
| 27 | Exampl<br>■ No      | les: Building permit |   |  | liquor licenses, professional licenses                        |                          |
|    |                     | ·                    | nation about them                                   |  |   |                          |
| M  | oney or p           | property owed to y   | ou?   |  |   | Current value of the     |

portion you own?

Do not deduct secured claims or exemptions.

Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 14 of 54

| Debtor                       | 1 Tracy L. Doran   | Case number (if known)                               |                               |
|------------------------------|--|--|-------------------------------|
| 28. <b>Ta</b> x              | x refunds owed to you  |  |                               |
|                              |  |  |                               |
| ЦΥ                           | es. Give specific information about them, including whether yo   | ou already filed the returns and the tax years       |                               |
| 29. <b>Fa</b> ı              | mily support   |  |                               |
| _                            | camples: Past due or lump sum alimony, spousal support, child  | support, maintenance, divorce settlement, property   | settlement                    |
|                              |  |  |                               |
| ЦΥ                           | es. Give specific information  |  |                               |
|                              | ner amounts someone owes you  camples: Unpaid wages, disability insurance payments, disability  benefits; unpaid loans you made to someone else                | ty benefits, sick pay, vacation pay, workers' comper | nsation, Social Security      |
|                              |  |  |                               |
| ЦΥ                           | es. Give specific information  |  |                               |
|                              | erests in insurance policies   | . (110.4)  |                               |
|                              | camples: Health, disability, or life insurance; health savings accorded  | ount (HSA); credit, homeowner's, or renter's insurar | ice                           |
| Y                            | es. Name the insurance company of each policy and list its val   |  |                               |
|                              | Company name:  | Beneficiary:   | Surrender or refund<br>value: |
|                              | term through work  |  | \$0.00                        |
|                              |  |  | Ψ0.00                         |
| ■ N<br>□ Y<br>33. <b>Cla</b> | Yes. Give specific information  nims against third parties, whether or not you have filed a later amples: Accidents, employment disputes, insurance claims, or |  |                               |
|                              | es. Describe each claim  |  |                               |
| 34. <b>Otl</b>               | ner contingent and unliquidated claims of every nature, inc  | cluding counterclaims of the debtor and rights to    | set off claims                |
|                              | No<br>Yes. Describe each claim   |  |                               |
|                              | y financial assets you did not already list  |  |                               |
|                              | No   |  |                               |
|                              | es. Give specific information  |  |                               |
|                              | dd the dollar value of all of your entries from Part 4, includ<br>or Part 4. Write that number here  |  | \$540.00                      |
| Part 5:                      | Describe Any Business-Related Property You Own or Have an Int  | terest In. List any real estate in Part 1.           |                               |
| 37. <b>Do</b> y              | you own or have any legal or equitable interest in any business-rela   | ated property?                                       |                               |
| ■ No                         | o. Go to Part 6.   |  |                               |
| ☐ Ye                         | es. Go to line 38.   |  |                               |
| D1-0-                        | I Describe Ann France and Community Edition Community  | Our calling as later at la                           |                               |
| Part 6:                      | Describe Any Farm- and Commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1.   | ou Own or Have an Interest In.                       |                               |
| 46. <b>Do</b>                | you own or have any legal or equitable interest in any farm  | n- or commercial fishing-related property?           |                               |
|                              | No. Go to Part 7.  |  |                               |

Official Form 106A/B Schedule A/B: Property page 5

☐ Yes. Go to line 47.

Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 15 of 54

Case number (if known) Debtor 1 Tracy L. Doran Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 ..... \$435,000.00 56. Part 2: Total vehicles, line 5 \$18,062.00 57. Part 3: Total personal and household items, line 15 \$3,100.00 58. Part 4: Total financial assets, line 36 \$540.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$21,702.00 Copy personal property total \$21,702.00

\$456,702.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

Official Form 106A/B Schedule A/B: Property page 6

## Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 16 of 54

| Fill in this infor  | mation to identify your  | case:                  |           |                       |
|---------------------|--------------------------|------------------------|-----------|-----------------------|
| Debtor 1            | Tracy L. Doran           |                        |           |                       |
|                     | First Name               | Middle Name            | Last Name |                       |
| Debtor 2            |                          |                        |           |                       |
| (Spouse if, filing) | First Name               | Middle Name            | Last Name |                       |
| United States Ba    | ankruptcy Court for the: | DISTRICT OF NEW JERSEY |           |                       |
| Case number _       |                          |                        |           | ☐ Check if this is an |
|                     |                          |                        |           | amended filing        |

### Official Form 106C

### Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify the Property | You Claim as | Exempt |
|---------|-----------------------|--------------|--------|
|         |                       |              |        |

|  | ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)               |                                      |   |   |                                    |  |  |
|--|--|--------------------------------------|---|---|------------------------------------|--|--|
| ■ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) |  |                                      |   |   |                                    |  |  |
| 2.   | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |                                      |   |   |                                    |  |  |
|  | Brief description of the property and line on<br>Schedule A/B that lists this property             | Current value of the portion you own | Am  | ount of the exemption you claim                                 | Specific laws that allow exemption |  |  |
|  |  | Copy the value from<br>Schedule A/B  | Che   | eck only one box for each exemption.                            |                                    |  |  |
|  | 8 Abbot Drive Lake Hopatcong, NJ<br>07849 Morris County  | \$435,000.00                         |   | \$14,885.00   | 11 U.S.C. § 522(d)(5)              |  |  |
|  | debtor's former marital home owned jontly with former spouse Line from Schedule A/B: 1.1           |                                      |   | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
|  | household goods and furinture  | \$2,500.00                           |   | \$2,500.00  | 11 U.S.C. § 522(d)(3)              |  |  |
|  | Line Holli Schedule PAB. 4.1   | ]                                    |   | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
|  | clothing Line from Schedule A/B: 11.1  | \$500.00                             |   | \$500.00  | 11 U.S.C. § 522(d)(3)              |  |  |
|  | Ellie Holli Golloddie 702. TTT   |                                      |   | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |
|  | misc jewelry Line from Schedule A/B: 12.1  | \$100.00                             |   | \$100.00  | 11 U.S.C. § 522(d)(4)              |  |  |
|  | Elle Holli Golloddie 702. 1211   |                                      | 100% of fair market value, up to any applicable statutory limit |   |                                    |  |  |
|  | money in bank account Wells Fargo -checking account \$500.00                                       | \$500.00                             |   | \$500.00  | 11 U.S.C. § 522(d)(5)              |  |  |
|  | Line from Schedule A/B: 17.1   |                                      |   | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |

# Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 17 of 54

| De | 1 Tracy L. Doran   |  |        | Case number (if known)  |                        |  |  |
|----|--|--|--------|---|------------------------|--|--|
|    | Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the Amount of the exemption you claim portion you own |        | Specific laws that allow exemption                              |                        |  |  |
|    |  | Copy the value from<br>Schedule A/B                                    | Che    | eck only one box for each exemption.                            |                        |  |  |
|    | money in bank account at Bank of America   | \$40.00  |        | \$40.00   | 11 U.S.C. § 522(d)(5)  |  |  |
|    | -checking \$40.00 -savings- negative Line from Schedule A/B: 17.2                      |  |        | 100% of fair market value, up to any applicable statutory limit |                        |  |  |
|    | 401K: pension Line from Schedule A/B: 21.1   | Unknown  |        | Unknown   | 11 U.S.C. § 522(d)(12) |  |  |
|    | Line Holli Schedule A/D. 21.1  |  |        | 100% of fair market value, up to any applicable statutory limit |                        |  |  |
|    | term through work Line from Schedule A/B: 31.1   | \$0.00   |        | \$0.00  | 11 U.S.C. § 522(d)(7)  |  |  |
|    | Line Holli Schedule A/D. 3111  |  |        | 100% of fair market value, up to any applicable statutory limit |                        |  |  |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/25 and every     |  |        | led on or after the date of adjustmer                           | nt.)                   |  |  |
|    | No   |  |        |   | •                      |  |  |
|    | Yes. Did you acquire the property cove  No   | red by the exemption wi  | thin 1 | ,215 days before you filed this case                            | ?                      |  |  |
|    | <u> </u>   |  |        |   |                        |  |  |
|    | ⊔ Yes  |  |        |   |                        |  |  |

Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 18 of 54

|                           |                                | Document  | Page 18          | of 54                            |                         |                      |
|---------------------------|--------------------------------|---|------------------|----------------------------------|-------------------------|----------------------|
| Fill in this info         | ormation to identify you       | r case:   | · ·              |                                  |                         |                      |
| Debtor 1                  | Tracy L. Doran                 |   |                  |                                  |                         |                      |
|                           | First Name                     | Middle Name   | Last Name        |                                  | -                       |                      |
| Debtor 2                  |                                |   |                  |                                  |                         |                      |
| (Spouse if, filing)       | First Name                     | Middle Name   | Last Name        |                                  | -                       |                      |
| United States I           | Bankruptcy Court for the:      | DISTRICT OF NEW JERSEY  |                  |                                  | -                       |                      |
| Case number               |                                |   |                  |                                  |                         |                      |
| (if known)                |                                |   |                  |                                  | ☐ Check                 | cif this is an       |
|                           |                                |   |                  |                                  | amen                    | ded filing           |
| Official Fo               | rm 106D                        |   |                  |                                  |                         |                      |
| Official Fo               |                                |   |                  |                                  |                         |                      |
| Schedule                  | e D: Creditors                 | Who Have Claims   | Secured          | by Propert                       | У                       | 12/15                |
|                           | the Additional Page, fill it o | f two married people are filing togethout, number the entries, and attach it t            |                  |                                  |                         |                      |
| -                         | ors have claims secured by     | your property?  |                  |                                  |                         |                      |
| ☐ No. Che                 | eck this box and submit th     | nis form to the court with your other   | schedules. You   | u have nothing else t            | to report on this form. |                      |
| Yes Fil                   | I in all of the information I  | nelow   |                  | ŭ                                | •                       |                      |
|                           |                                | SOIOW.  |                  |                                  |                         |                      |
|                           | All Secured Claims             |   |                  | Column A                         | Column B                | Column C             |
|                           |                                | nore than one secured claim, list the cre<br>a particular claim, list the other creditors |                  | Amount of claim                  | Value of collateral     | Unsecured            |
|                           |                                | cal order according to the creditor's name  |                  | Do not deduct the                | that supports this      | portion              |
| 2.1 <b>21st Ce</b>        | ntury Mortgage                 | Describe the property that secures t  | the claim:       | value of collateral. \$99,183.13 | claim<br>\$435,000.00   | If any <b>\$0.00</b> |
| Creditor's Na             |                                | 8 Abbot Drive Lake Hopatco  |                  | ψου,:σο::σ                       | <u> </u>                | 40.00                |
|                           |                                | 07849 Morris County   | ,                |                                  |                         |                      |
|                           |                                | debtor's former marital hom   | e owned          |                                  |                         |                      |
| 620 Mar                   | ket Street                     | jontly with former spouse   |                  |                                  |                         |                      |
| One Ce                    | nter Square                    | As of the date you file, the claim is: apply.   | Check all that   |                                  |                         |                      |
| Knoxvil                   | le, TN 37902                   | ☐ Contingent  |                  |                                  |                         |                      |
| Number, Str               | eet, City, State & Zip Code    | ☐ Unliquidated  |                  |                                  |                         |                      |
|                           |                                | ☐ Disputed  |                  |                                  |                         |                      |
| Who owes the              | debt? Check one.               | Nature of lien. Check all that apply.   |                  |                                  |                         |                      |
| Debtor 1 only             | ,                              | ☐ An agreement you made (such as r  | mortgage or secu | ired                             |                         |                      |
| Debtor 2 only             | ,                              | car loan)   |                  |                                  |                         |                      |
| Debtor 1 and              | Debtor 2 only                  | ☐ Statutory lien (such as tax lien, med   | chanic's lien)   |                                  |                         |                      |
| ☐ At least one of         | of the debtors and another     | ☐ Judgment lien from a lawsuit  |                  |                                  |                         |                      |
| ☐ Check if this community | claim relates to a<br>debt     | ☐ Other (including a right to offset)   |                  |                                  |                         |                      |
| Date debt was i           | ncurred                        | Last 4 digits of account numl   | ber <b>0146</b>  |                                  |                         |                      |

# Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 19 of 54

| Debtor 1 Tracy L. Doran  | C  | Case number (if known) |              |            |
|--|--|------------------------|--------------|------------|
| First Name Middle N  |  | , ,                    |              |            |
| 2.2 Ally   | Describe the property that secures the claim:                | \$19,736.00            | \$15,789.00  | \$3,947.00 |
| Creditor's Name  | 2019 Chevrolet Trax 21000 miles                              | Ψ13,730.00             | Ψ13,703.00   | ψ3,347.00  |
|  | -daughter;s car  |                        |              |            |
|  | -Mom co-signed   |                        |              |            |
| DO D 000000  | As of the date you file, the claim is: Check all that        |                        |              |            |
| PO Box 380902  | apply.   |                        |              |            |
| Minneapolis, MN 55438  | Contingent   |                        |              |            |
| Number, Street, City, State & Zip Code                                 | ☐ Unliquidated   |                        |              |            |
|  | Disputed   |                        |              |            |
| Who owes the debt? Check one.  | Nature of lien. Check all that apply.                        |                        |              |            |
| Debtor 1 only  | ☐ An agreement you made (such as mortgage or sec             | eured                  |              |            |
| Debtor 2 only  | car loan)  |                        |              |            |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Statutory lien (such as tax lien, mechanic's lien)         |                        |              |            |
| At least one of the debtors and another                                | ☐ Judgment lien from a lawsuit                               |                        |              |            |
| ☐ Check if this claim relates to a community debt                      | Other (including a right to offset)                          |                        |              |            |
| Date debt was incurred   | Last 4 digits of account number                              |                        |              |            |
| Bank of America  |  |                        |              |            |
| Mortgage   | Describe the property that secures the claim:                | \$294,604.31           | \$435,000.00 | \$0.00     |
| Creditor's Name  | 8 Abbot Drive Lake Hopatcong, NJ                             |                        |              |            |
|  | 07849 Morris County  |                        |              |            |
|  | debtor's former marital home owned                           |                        |              |            |
|  | jontly with former spouse                                    |                        |              |            |
| PO Box 26078   | As of the date you file, the claim is: Check all that apply. |                        |              |            |
| Greensboro, NC 27420   | Contingent   |                        |              |            |
| Number, Street, City, State & Zip Code                                 | ☐ Unliquidated   |                        |              |            |
| , , , , , , , , , , , , , , , , , , ,                                  | ☐ Disputed   |                        |              |            |
| Who owes the debt? Check one.  | Nature of lien. Check all that apply.                        |                        |              |            |
| Debtor 1 only  | ☐ An agreement you made (such as mortgage or sec             | ured                   |              |            |
| _ ′  | car loan)  | diod                   |              |            |
| Debtor 2 only  | Поста в се на в не на в на в на в на в на в на в             |                        |              |            |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Statutory lien (such as tax lien, mechanic's lien)           |                        |              |            |
| _  | Judgment lien from a lawsuit                                 |                        |              |            |
| ☐ Check if this claim relates to a community debt                      | Other (including a right to offset)                          |                        |              |            |
| Date debt was incurred   | Last 4 digits of account number 6088                         |                        |              |            |
|  |  |                        |              |            |
| 2.4 Community Bank NA  | Describe the property that secures the claim:                | \$3,340.00             | \$2,273.00   | \$1,067.00 |
| Creditor's Name  | 2008 Ford F350   |                        |              |            |
|  | former spouse car  |                        |              |            |
| PO Box 628   | As of the date you file, the claim is: Check all that        |                        |              |            |
| Olean, NY 14760  | apply.   |                        |              |            |
|  | Contingent   |                        |              |            |
| Number, Street, City, State & Zip Code                                 | ☐ Unliquidated   |                        |              |            |
| Who owes the debt? Check one.  | Disputed   |                        |              |            |
| _  | Nature of lien. Check all that apply.                        |                        |              |            |
| Debtor 1 only  | ☐ An agreement you made (such as mortgage or sec car loan)   | eurea                  |              |            |
| Debtor 2 only  | ,  |                        |              |            |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Statutory lien (such as tax lien, mechanic's lien)         |                        |              |            |
| At least one of the debtors and another                                | ☐ Judgment lien from a lawsuit                               |                        |              |            |
| ☐ Check if this claim relates to a                                     | Other (including a right to offset)                          |                        |              |            |
| community debt   |  |                        |              |            |
| Date debt was incurred   | Last 4 digits of account number                              |                        |              |            |

## Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 20 of 54

| Debtor 1 | Tracy L. Doran                          |                            |                                    | Case number (if known) |   |
|----------|---|----------------------------|------------------------------------|------------------------|---|
|          | First Name                              | Middle Name                | Last Name                          | _                      |   |
|          |   |                            |                                    |                        | 1 |
| Add the  | dollar value of your                    | entries in Column A on     | this page. Write that number here: | \$416,863.44           |   |
|          | the last page of you<br>at number here: | ir form, add the dollar va | alue totals from all pages.        | \$416,863.44           |   |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 21 of 54

|   |   | Document   | Page 23                       | L of 54  |                                       |  |
|---|---|--|-------------------------------|--|---------------------------------------|--|
| Fill in this  | information to identify your  | case:  |                               |  |                                       |  |
| Debtor 1  | Tracy L. Doran  |  |                               |  |                                       |  |
| 202101  | First Name  | Middle Name  | Last Name                     |  |                                       |  |
| Debtor 2<br>(Spouse if, filin                                 | g) First Name   | Middle Name  | Last Name                     |  |                                       |  |
| , ,   |   |  | Last Name                     |  |                                       |  |
| United Stat   | es Bankruptcy Court for the:  | DISTRICT OF NEW JERSEY   |                               |  |                                       |  |
| Case numb   | per   |  |                               |  |                                       |  |
| (if known)  |   |  |                               |  |                                       | heck if this is an                           |
|   |   |  |                               |  | а                                     | mended filing                                |
| Official I  | Form 106E/F   |  |                               |  |                                       |  |
| Schedu  | le E/F: Creditors W   | ho Have Unsecured  | Claims                        |  |                                       | 12/15  |
| Schedule G:<br>Schedule D:<br>left. Attach the<br>name and ca | Executory Contracts and Unexp<br>Creditors Who Have Claims Sec<br>ne Continuation Page to this pag<br>se number (if known). | that could result in a claim. Also li<br>ired Leases (Official Form 106G). D<br>ured by Property. If more space is a<br>e. If you have no information to rep   | o not include<br>needed, copy | any creditors with partiall<br>the Part you need, fill it οι | y secured claims<br>it, number the en | that are listed in tries in the boxes on the |
|   | List All of Your PRIORITY Un  |  |                               |  |                                       |  |
| •   | creditors have priority unsecure  | d claims against you?  |                               |  |                                       |  |
|   | Go to Part 2.   |  |                               |  |                                       |  |
| ☐ Yes.  |   |  |                               |  |                                       |  |
| Part 2:   | List All of Your NONPRIORIT   | Y Unsecured Claims   |                               |  |                                       |  |
| 3. Do any   | creditors have nonpriority unsec  | ured claims against you?   |                               |  |                                       |  |
| □ No. \   | You have nothing to report in this p  | art. Submit this form to the court with  | vour other sch                | edules.  |                                       |  |
| Yes.  |   |  | ,                             |  |                                       |  |
| unsecur   | ed claim, list the creditor separately  | aims in the alphabetical order of the for each claim. For each claim listed st the other creditors in Part 3.If you have the content of the formal of the fo | l, identify what t            | type of claim it is. Do not list                             | claims already inc                    | luded in Part 1. If more                     |
|   |   |  |                               |  |                                       | Total claim                                  |
| 4.1 <b>Ba</b>   | nk of America   | Last 4 digits of acc   | ount number                   | 3156   |                                       | \$2,954.00                                   |
|   | npriority Creditor's Name   | When was the debt  | incurred?                     |  |                                       |  |
| _   | ) Box 26078<br>eensboro, NC 27420   | When was the debt  | incurreur                     |  |                                       | -  |
|   | mber Street City State Zip Code   | As of the date you f   | ile, the claim                | is: Check all that apply                                     |                                       |  |
| Wh  | o incurred the debt? Check one.   |  |                               |  |                                       |  |
|   | Debtor 1 only   | ☐ Contingent   |                               |  |                                       |  |
|   | Debtor 2 only   | ☐ Unliquidated   |                               |  |                                       |  |
|   | Debtor 1 and Debtor 2 only  | ☐ Disputed   |                               |  |                                       |  |
| _   | At least one of the debtors and and   | По   | ITY unsecure                  | d claim:   |                                       |  |
| □<br>dek  | Check if this claim is for a comm   |  |                               |  | d a second                            |  |
|   | he claim subject to offset?   | ☐ Obligations arisin report as priority clair  |                               | ration agreement or divorce                                  | tnat you did not                      |  |
|   | No  | ☐ Debts to pension   | or profit-sharir              | g plans, and other similar d                                 | ebts                                  |  |
|   | Yes   | Other. Specify   |                               |  |                                       |  |

Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 22 of 54

| Debio | Tracy L. Doran  | Case Harriber (II known)   |            |
|-------|---|--|------------|
| 4.2   | Capital One   | Last 4 digits of account number 7546   | \$5,669.00 |
|       | Nonpriority Creditor's Name PO Box 70884 Charlotte, NC 28272-0884 | When was the debt incurred?  |            |
|       | Number Street City State Zip Code                                 | As of the date you file, the claim is: Check all that apply  |            |
|       | Who incurred the debt? Check one.                                 | , as a succession of the succe |            |
|       | ■ Debtor 1 only   | ☐ Contingent   |            |
|       | Debtor 2 only   | ☐ Unliquidated   |            |
|       | ☐ Debtor 1 and Debtor 2 only                                      | ☐ Disputed   |            |
|       | ☐ At least one of the debtors and another                         | Type of NONPRIORITY unsecured claim:   |            |
|       | ☐ Check if this claim is for a community                          | ☐ Student loans  |            |
|       | debt  | Obligations arising out of a separation agreement or divorce that you did not  |            |
|       | Is the claim subject to offset?                                   | report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts   |            |
|       | ■ No<br>□ Yes   |  |            |
|       | Li res  | Other. Specify   |            |
| 4.3   | Community Bank NA Nonpriority Creditor's Name                     | Last 4 digits of account number 2935   | \$3,340.00 |
|       | PO Box 628<br>Olean, NY 14760                                     | When was the debt incurred?  |            |
|       | Number Street City State Zip Code                                 | As of the date you file, the claim is: Check all that apply  |            |
|       | Who incurred the debt? Check one.                                 |  |            |
|       | ■ Debtor 1 only   | ☐ Contingent   |            |
|       | Debtor 2 only   | ☐ Unliquidated   |            |
|       | ☐ Debtor 1 and Debtor 2 only                                      | ☐ Disputed   |            |
|       | ☐ At least one of the debtors and another                         | Type of NONPRIORITY unsecured claim:   |            |
|       | ☐ Check if this claim is for a community                          | ☐ Student loans  |            |
|       | debt Is the claim subject to offset?                              | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |            |
|       | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts  |            |
|       | ☐ Yes   | ■ Other. Specify   |            |
|       |   | — Office. Opening  |            |
| 4.4   | Dept of Education/Nelnet  Nonpriority Creditor's Name             | Last 4 digits of account number 1827   | \$1,617.00 |
|       | 121 S 13th st<br>Lincoln, NE 68508                                | When was the debt incurred?  |            |
|       | Number Street City State Zip Code                                 | As of the date you file, the claim is: Check all that apply  |            |
|       | Who incurred the debt? Check one.                                 |  |            |
|       | Debtor 1 only   | ☐ Contingent   |            |
|       | ☐ Debtor 2 only   | ☐ Unliquidated   |            |
|       | ☐ Debtor 1 and Debtor 2 only                                      | Disputed   |            |
|       | ☐ At least one of the debtors and another                         | Type of NONPRIORITY unsecured claim:   |            |
|       | ☐ Check if this claim is for a community                          | ☐ Student loans  |            |
|       | debt Is the claim subject to offset?                              | Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |            |
|       | No  | Debts to pension or profit-sharing plans, and other similar debts  |            |
|       |   |  |            |
|       | Yes   | Other Specify  |            |

Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 23 of 54

| Deptor | 1 racy L. Doran  | Case number (if known)  |            |
|--------|--|---|------------|
| 4.5    | Dept of Education/Nelnet   | Last 4 digits of account number 1727  | \$4,828.00 |
|        | Nonpriority Creditor's Name<br>121 S 13th st<br>Lincoln, NE 68508              | When was the debt incurred?   |            |
|        | Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply   |            |
|        | Who incurred the debt? Check one.  |   |            |
|        | ■ Debtor 1 only  | ☐ Contingent  |            |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
|        | Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|        | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:  |            |
|        | <u></u>  | ☐ Student loans   |            |
|        | ☐ Check if this claim is for a community debt  Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|        | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|        | Yes  |   |            |
|        | Tes Yes  | Other. Specify  |            |
| 4.6    | Dept of Education/Nelnet Nonpriority Creditor's Name                           | Last 4 digits of account number 1627  | \$9,770.00 |
|        | 121 S 13th st<br>Lincoln, NE 68508   | When was the debt incurred?   |            |
|        | Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply   |            |
|        | Who incurred the debt? Check one.  |   |            |
|        | ■ Debtor 1 only  | ☐ Contingent  |            |
|        | Debtor 2 only  | ☐ Unliquidated  |            |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|        | ☐ At least one of the debtors and another                                      | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community                                       | ☐ Student loans   |            |
|        | debt   | Obligations arising out of a separation agreement or divorce that you did not                             |            |
|        | Is the claim subject to offset?  | report as priority claims   |            |
|        | No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|        | Yes  | Other. Specify  |            |
| 4.7    | Dept of Education/Nelnet   | Last 4 digits of account number 1527  | \$3,957.00 |
|        | Nonpriority Creditor's Name 121 S 13th st                                      | When was the debt incurred?   |            |
|        | Lincoln, NE 68508  |   |            |
|        | Number Street City State Zip Code  | As of the date you file, the claim is: Check all that apply   |            |
|        | Who incurred the debt? Check one.  |   |            |
|        | Debtor 1 only  | ☐ Contingent  |            |
|        | ☐ Debtor 2 only  | ☐ Unliquidated  |            |
|        | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |
|        | $\square$ At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community                                       | ☐ Student loans   |            |
|        | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|        | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|        | □ Yes  | Other Specify   |            |
|        | <b>□</b> 153   | Lither Specify  |            |

Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 24 of 54

| Depto | Tracy L. Doran  | Case number (if known)   |             |  |
|-------|---|--|-------------|--|
| 4.8   | Kohl's Payment Center                                       | Last 4 digits of account number 7730   | \$637.00    |  |
|       | Nonpriority Creditor's Name PO Box 2983                     | When was the debt incurred?  |             |  |
|       | Milwaukee, WI 53201-2983  Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply  |             |  |
|       | Who incurred the debt? Check one.                           | As of the date you me, the claim is. Check all that apply  |             |  |
|       | Debtor 1 only   | Пол  |             |  |
|       |   | ☐ Contingent   |             |  |
|       | ☐ Debtor 2 only   | Unliquidated   |             |  |
|       | Debtor 1 and Debtor 2 only                                  | Disputed   |             |  |
|       | ☐ At least one of the debtors and another                   | Type of NONPRIORITY unsecured claim:   |             |  |
|       | ☐ Check if this claim is for a community                    | Student loans  |             |  |
|       | debt  | Obligations arising out of a separation agreement or divorce that you did not                            |             |  |
|       | Is the claim subject to offset?                             | report as priority claims  |             |  |
|       | ■ No  | Debts to pension or profit-sharing plans, and other similar debts  |             |  |
|       | Yes   | ■ Other. Specify Capital One   |             |  |
| 4.9   | SYNCB/Care Credit   | Last 4 digits of account number 7345   | \$3,614.00  |  |
|       | Nonpriority Creditor's Name PO Box 965036 Orlando, FL 32896 | When was the debt incurred?  |             |  |
|       | Number Street City State Zip Code                           | As of the date you file, the claim is: Check all that apply  |             |  |
|       | Who incurred the debt? Check one.                           |  |             |  |
|       | ■ Debtor 1 only   | ☐ Contingent   |             |  |
|       | Debtor 2 only   | □ Unliquidated   |             |  |
|       | Debtor 1 and Debtor 2 only                                  | ☐ Disputed   |             |  |
|       | ☐ At least one of the debtors and another                   | Type of NONPRIORITY unsecured claim:   |             |  |
|       |   | ☐ Student loans  |             |  |
|       | ☐ Check if this claim is for a community debt               | ☐ Obligations arising out of a separation agreement or divorce that you did not                          |             |  |
|       | Is the claim subject to offset?                             | report as priority claims  |             |  |
|       | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                      |             |  |
|       | Yes   | Other. Specify   |             |  |
| 4.1   | Torrid  | Last 4 digits of account number 6839   | \$644.00    |  |
| 0     | Nonpriority Creditor's Name                                 |  | <del></del> |  |
|       | PO Box 659584   | When was the debt incurred?  |             |  |
|       | San Antonio, TX 78265-9584                                  |  |             |  |
|       | Number Street City State Zip Code                           | As of the date you file, the claim is: Check all that apply  |             |  |
|       | Who incurred the debt? Check one.                           | _  |             |  |
|       | Debtor 1 only   | Contingent   |             |  |
|       | Debtor 2 only   | ☐ Unliquidated   |             |  |
|       | ☐ Debtor 1 and Debtor 2 only                                | ☐ Disputed   |             |  |
|       | $\square$ At least one of the debtors and another           | Type of NONPRIORITY unsecured claim:   |             |  |
|       | ☐ Check if this claim is for a community                    | ☐ Student loans  |             |  |
|       | debt Is the claim subject to offset?                        | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims |             |  |
|       |   | Debts to pension or profit-sharing plans, and other similar debts  |             |  |
|       | ■ No  |  |             |  |
|       | ☐ Yes   | Other Specify  |             |  |

Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 25 of 54

| Debtor             | 1 Tracy L. Doran   |   | Case n     | umber (if known)                               |                         |
|--------------------|--|---|------------|--|-------------------------|
| 4.1                | USAA Savings Bank  | Last 4 digits of account number   | 1164       | <u>.                                    </u>   | \$2,916.00              |
|                    | Nonpriority Creditor's Name PO Box 47504                             | When was the debt incurred?   |            |  |                         |
|                    | San Antonio, TX 78265  Number Street City State Zip Code             | As of the date you file, the claim  | is: Chec   | k all that apply                               |                         |
|                    | Who incurred the debt? Check one.                                    | As of the date you me, the claim  | is. Check  | к ан шасарру                                   |                         |
|                    | ■ Debtor 1 only  | ☐ Contingent  |            |  |                         |
|                    | Debtor 2 only  |   |            |  |                         |
|                    |  | ☐ Unliquidated  |            |  |                         |
|                    | Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecure  | d claim:   |  |                         |
|                    | At least one of the debtors and another                              | По  | u ciaiiii. |  |                         |
|                    | ☐ Check if this claim is for a community debt                        |   |            |  |                         |
|                    | Is the claim subject to offset?                                      | report as priority claims   | aration aç | greement or divorce that you did not           |                         |
|                    | ■ No   | Debts to pension or profit-sharing  | ng plans,  | and other similar debts                        |                         |
|                    | ☐ Yes  | Other. Specify  |            |  |                         |
| 4.1                | Wells Fargo Card Services  | Look 4 digita of account number   | 1682       | •  | \$12,348.00             |
| 2                  | Nonpriority Creditor's Name  | Last 4 digits of account number   | -1002      | <u>.                                      </u> | Ψ12,340.00              |
|                    | P.O. Box 911   | When was the debt incurred?   |            |  |                         |
|                    | Des Moines, IA 503300001   |   |            |  |                         |
|                    | Number Street City State Zip Code  Who incurred the debt? Check one. | As of the date you file, the claim  | is: Chec   | k all that apply                               |                         |
|                    | _  | П   |            |  |                         |
|                    | Debtor 1 only  | ☐ Contingent  |            |  |                         |
|                    | Debtor 2 only  | Unliquidated  |            |  |                         |
|                    | Debtor 1 and Debtor 2 only   | ☐ Disputed  |            |  |                         |
|                    | At least one of the debtors and another                              | Type of NONPRIORITY unsecure  | d claim:   |  |                         |
|                    | Check if this claim is for a community                               | <u> </u>  |            |  |                         |
|                    | debt Is the claim subject to offset?                                 |   | aration aç | greement or divorce that you did not           |                         |
|                    | ■ No   | Debts to pension or profit-shari  | na nlans   | and other similar debts                        |                         |
|                    |  | ·   | •          |  |                         |
|                    | Yes  | Other. Specify  |            |  |                         |
| Dord O             | This Others to De Neddie d About                                     | . Dalid Thad Year Alless deal laded   |            |  |                         |
| is tryir<br>have n | ng to collect from you for a debt you owe                            | ied about your bankruptcy, for a debt that<br>to someone else, list the original creditor in<br>s that you listed in Parts 1 or 2, list the add | n Parts 1  | or 2, then list the collection agency          | here. Similarly, if you |
| Part 4:            | Add the Amounts for Each Type of                                     |   |            |  |                         |
|                    | the amounts of certain types of unsecured funsecured claim.          | d claims. This information is for statistical i   | reporting  | g purposes only. 28 U.S.C. §159. Add           | I the amounts for each  |
|                    |  |   |            | Total Claim                                    |                         |
| Total              | 6a. Domestic support obliga  | tions   | 6a.        | \$   |                         |
| claims<br>from Par | rt 1 6b. Taxes and certain other                                     | debts you owe the government  | 6b.        | \$ 0.00  |                         |
|                    | 6c. Claims for death or pers   | onal injury while you were intoxicated  | 6c.        | \$ 0.00  | •                       |
|                    | 6d. <b>Other.</b> Add all other priorit                              | y unsecured claims. Write that amount here.   | 6d.        | \$ 0.00  | •                       |
|                    | 6e. Total Priority. Add lines 6                                      | a through 6d.   | 6e.        | \$   |                         |
|                    |  |   |            | Total Claim                                    | <b>.</b>                |
|                    | 6f. Student loans  |   | 6f.        | Total Claim  \$ 0.00                           |                         |
| Total              |  |   |            |  | -                       |
| claims<br>from Par | rt 2 6g. Obligations arising out of                                  | of a separation agreement or divorce that   |            | •  |                         |
|                    | you did not report as pri  | ority claims  | 6g.        | \$ 0.00  |                         |
|                    | 6h. <b>Debts to pension or prof</b>                                  | it-sharing plans, and other similar debts   | 6h.        | \$   | -                       |

Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 26 of 54

Debtor 1 Tracy L. Doran Case number (if known)

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ 52,294.00

Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 27 of 54

| Fill in this infor  | mation to identify your  | case:               |           |  |
|---------------------|--------------------------|---------------------|-----------|--|
| Debtor 1            | Tracy L. Doran           |                     |           |  |
|                     | First Name               | Middle Name         | Last Name |  |
| Debtor 2            |                          |                     |           |  |
| (Spouse if, filing) | First Name               | Middle Name         | Last Name |  |
| United States Ba    | ankruptcy Court for the: | DISTRICT OF NEW JEF | RSEY      |  |
| Case number         |                          |                     |           |  |
| (if known)          |                          |                     |           |  |
|                     |                          |                     |           |  |

### Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| P   | erson or company with whom you have the contract or lease<br>Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for            |
|-----|---|--|
| 2.1 | Chrysler Financial<br>Payment Processing Center<br>PO Box 600<br>Newark, NJ 71010600                        | lease of 2021 Dodge Durango for \$599.00 per month |
| 2.2 | landlord  | yearly lease of apartment for \$2485.00 per month  |

Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 28 of 54

|  |   | Document  | t Page 28 of 54   |  |
|--|---|---|---|--|
| Fill in this in                                    | formation to identify your  | case:   |   |  |
| Debtor 1   | Tracy L. Doran  |   |   |  |
| <b>5</b> 1   | First Name  | Middle Name   | Last Name   |  |
| Debtor 2<br>(Spouse if, filing)                    | First Name  | Middle Name   | Last Name   |  |
| United States                                      | Bankruptcy Court for the:   | DISTRICT OF NEW JERS                                      | SEY   |  |
| Case number  | r   |   |   | ☐ Check if this is an amended filing   |
|  | Form 106H<br><b>le H: Your Cod</b>  | ebtors  |   | 12/15  |
| people are fil<br>fill it out, and<br>your name ar | ing together, both are equa<br>number the entries in the<br>nd case number (if known) | ally responsible for supply boxes on the left. Attach the | ing correct information. If<br>he Additional Page to this | nplete and accurate as possible. If two married more space is needed, copy the Additional Page page. On the top of any Additional Pages, write codebtor.   |
| □ No<br>■ Yes                                      |   |   |   |  |
| 2. Within  |   | lived in a community prop<br>Nevada, New Mexico, Puert    |   | ommunity property states and territories include , and Wisconsin.)   |
| ■ No. G  | o to line 3.  |   |   |  |
| ☐ Yes. □   | Did your spouse, former spou  | use, or legal equivalent live w                           | vith you at the time?                                     |  |
| in line 2  | again as a codebtor only i<br>6D), Schedule E/F (Official                             | f that person is a guaranto                               | r or cosigner. Make sure ye                               | ur spouse is filing with you. List the person show<br>you have listed the creditor on Schedule D (Offici<br>Jse Schedule D, Schedule E/F, or Schedule G to |
|  | Jumn 1: Your codebtor<br>ne, Number, Street, City, State and ZI                       | P Code  |   | Column 2: The creditor to whom you owe the debt<br>Check all schedules that apply:   |
| 3.1 <b>M</b> c                                     | om  |   |   | Schedule D, line   |

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

# Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 29 of 54

| <b>E</b> :11       | in this information to identify your   |   |   |                       |                 |                |                      |   |            |                        |
|--------------------|--|---|---|-----------------------|-----------------|----------------|----------------------|---|------------|------------------------|
|                    | in this information to identify your otor 1 Tracy L. D   |   |   |                       |                 |                |                      |   |            |                        |
|                    | otor 2   |   |   |                       | _               |                |                      |   |            |                        |
| Uni                | ted States Bankruptcy Court for the  | ne: DISTRICT OF NEW   | JERSEY  |                       |                 |                |                      |   |            |                        |
| (If kr             | se number  |   | -   |                       |                 |                | amende<br>ippleme    | d filing<br>Int showing<br>Ins of the follo |            |                        |
|                    | fficial Form 106l<br>chedule I: Your Inc   |   |   |                       |                 | MM             | / DD/ Y              | YYY   |            |                        |
| sup<br>spo<br>atta | as complete and accurate as popularly properties of the popular of | u are married and not fili<br>our spouse is not filing w<br>n. On the top of any additi | ng jointly, and your s<br>ith you, do not inclu | spouse i<br>de inforr | s livi<br>natio | ng with yo     | ou, inclu<br>our spo | ide informa<br>use. If more                 | ition abo  | out your<br>is needed, |
| 1.                 | Fill in your employment information.   |   | Debtor 1  |                       |                 | D              | ebtor 2              | or non-filir                                | ng spous   | se                     |
|                    | If you have more than one job, attach a separate page with   | Employment status   | ■ Employed                                      |                       |                 |                | ] Emplo              | -   |            |                        |
|                    | information about additional employers.  | ,,  | ☐ Not employed                                  |                       |                 |                | Not er               | nployed                                     |            |                        |
|                    | Include part-time, seasonal, or  | Occupation  | customer exper                                  | ience le              | ead             |                |                      |   |            |                        |
|                    | self-employed work.  | Employer's name   | Benjamine Moo                                   | re                    |                 |                |                      |   |            |                        |
|                    | Occupation may include studen or homemaker, if it applies.   | t Employer's address  | Flanders, NJ                                    |                       |                 |                |                      |   |            |                        |
|                    |  | How long employed t   | here? 9 years                                   | i                     |                 |                | _                    |   |            |                        |
| Par                | Give Details About M   | onthly Income   |   |                       |                 |                |                      |   |            |                        |
|                    | mate monthly income as of the use unless you are separated.  | date you file this form. If   | you have nothing to re                          | eport for             | any li          | ine, write \$0 | 0 in the             | space. Inclu                                | ıde your ı | non-filing             |
|                    | u or your non-filing spouse have respace, attach a separate sheet  |   | ombine the information                          | n for all e           | emplo           | yers for tha   | at perso             | n on the line                               | s below.   | If you need            |
|                    |  |   |   |                       |                 | For Debto      | or 1                 | For Debt                                    |            | 9                      |
| 2.                 | List monthly gross wages, sa deductions). If not paid monthly  |   |   | 2.                    | \$              | 7,30           | 06.22                | \$  | N/         | <u>A</u>               |
| 3.                 | Estimate and list monthly over   | rtime pay.  |   | 3.                    | +\$             |                | 0.00                 | +\$   | N/         | <u>A</u>               |

Calculate gross Income. Add line 2 + line 3.

7,306.22

N/A

| Debto | or 1                         | Tracy L. Doran   | -    | (   | Case | number (if k | nown) |         |                        |                |  |
|-------|------------------------------|--|------|-----|------|--------------|-------|---------|------------------------|----------------|--|
|       |                              |  |      |     | For  | Debtor 1     |       |         | r Debtor<br>n-filing s |                |  |
|       | Cop                          | by line 4 here   | 4.   |     | \$   | 7,30         | 6.22  | \$      |                        | N/A            | <u> </u>                                     |
| 5.    | List                         | all payroll deductions:  |      |     |      |              |       |         |                        |                |  |
| ٠.    | 5a.                          | Tax, Medicare, and Social Security deductions  | 58   | a   | \$   | 1,68         | 5 20  | \$      |                        | N/A            |  |
|       | 5b.                          | Mandatory contributions for retirement plans   | 5k   |     | \$_  |              | 5.40  | ·       |                        | N/A            | _  |
|       | 5c.                          | Voluntary contributions for retirement plans   | 50   |     | \$   |              | 0.00  | ·       |                        | N/A            | _  |
|       | 5d.                          | Required repayments of retirement fund loans   | 50   | d.  | \$   |              | 6.63  | \$      |                        | N/A            | _  |
|       | 5e.                          | Insurance  | 56   | Э.  | \$   | 249          | 9.53  | \$      |                        | N/A            | _  |
|       | 5f.                          | Domestic support obligations   | 5f   |     | \$_  |              | 0.00  | \$      |                        | N/A            | _  |
|       | 5g.                          | Union dues   | 50   | g.  | \$   |              | 0.00  | \$      |                        | N/A            | <u> </u>                                     |
|       | 5h.                          | Other deductions. Specify:   | _ 5h | า.+ | \$_  |              | 0.00  | . + \$_ |                        | N/A            | <u> </u>                                     |
| 6.    | Add                          | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.   |     | \$_  | 2,46         | 6.76  | \$_     |                        | N/A            | <u>.                                    </u> |
| 7.    | Cal                          | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.   |     | \$_  | 4,83         | 9.46  | \$_     |                        | N/A            | <u> </u>                                     |
| 8.    | List<br>8a.                  | t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total              |      |     |      |              |       |         |                        |                |  |
|       |                              | monthly net income.  | 88   | а.  | \$   |              | 0.00  | \$      |                        | N/A            |  |
|       | 8b.                          | Interest and dividends   | 8k   | Э.  | \$   |              | 0.00  | \$      |                        | N/A            | _  |
|       | 8c.                          | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 80   | С.  | \$   | (            | 0.00  | \$      |                        | N/A            |  |
|       | 8d.                          | Unemployment compensation  | 80   | d.  | \$   |              | 0.00  | \$      |                        | N/A            | _  |
|       | 8e.                          | Social Security  | 86   | Э.  | \$   |              | 0.00  | \$_     |                        | N/A            | <u> </u>                                     |
|       | 8f.                          | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:    | 8f   |     | \$   |              | 0.00  | \$_     |                        | N/A            |  |
|       | 8g.                          | Pension or retirement income   | 80   | _   | \$_  |              | 0.00  | . \$_   |                        | N/A            |  |
|       | 8h.                          | Other monthly income. Specify: 2nd job net at Shop Rite  | _ 8r | Դ.+ | \$_  | 800          | 6.38  | + > _   |                        | N/A            | <u></u>                                      |
| 9.    | Add                          | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.   | . : | \$   | 80           | 6.38  | \$_     |                        | N/             | A  |
| 10    | Cal                          | culate monthly income. Add line 7 + line 9.  | 10.  | \$  |      | 5,645.84     | + \$  |         | N/A                    | = \$           | 5,645.84                                     |
|       |                              | If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |      | Ψ-  |      | 3,043.04     | `  Ŭ  |         | IVA                    |                | 3,043.04                                     |
| 11.   | Star<br>Inclination<br>Other | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not excify: | dep  |     |      | ,            |       | ,       |                        | e J.<br>+\$    | 0.00   |
|       |                              | If the amount in the last column of line 10 to the amount in line 11. The rester that amount on the Summary of Schedules and Statistical Summary of Certain lies   |      |     |      |              |       |         | e.<br>12.              | \$             | 5,645.84                                     |
| 13.   | Do                           | you expect an increase or decrease within the year after you file this form  | ?    |     |      |              |       |         |                        | Combi<br>month | ned<br>ly income                             |
|       |                              | No.  |      |     |      |              |       |         |                        |                |  |

Official Form 106l Schedule I: Your Income page 2

| <b>HIII</b> | in this informa                                  | tion to identify y                                   | our casa:                              |   |  | 1            |                   |                               |
|-------------|--|--|--|---|--|--------------|-------------------|-------------------------------|
|             | in triis iriionna                                | non to identity y                                    | our case.                              |   |  |              |                   |                               |
| Deb         | tor 1  | Tracy L. Dor   | ran                                    |   |  | _            | ck if this is:    |                               |
| Deb         | tor 2  |  |  |   |  |              | An amended filing | ving postpetition chapter     |
|             | ouse, if filing)                                 |  |  |   |  |              | 13 expenses as of |                               |
| Unit        | ed States Bankr                                  | uptcy Court for the                                  | : DISTRI                               | CT OF NEW JERSEY  |  | -            | MM / DD / YYYY    |                               |
| Cas         | e number   |  |  |   |  |              |                   |                               |
| 1           | nown)  |  |  |   |  |              |                   |                               |
| Of          | fficial Fo                                       | rm 106J  |  |   |  |              |                   |                               |
| Sc          | chedule  | J: Your  | Exper                                  | ises  |  |              |                   | 12/15                         |
| Be a        | as complete a<br>ormation. If m<br>nber (if know | and accurate as<br>ore space is ne<br>n). Answer eve | s possible<br>eded, atta<br>ry questio | If two married people ar<br>ch another sheet to this                      |  |              |                   |                               |
| Par<br>1.   | t 1: Descr<br>Is this a join                     | ibe Your House                                       | ehold                                  |   |  |              |                   |                               |
| ١.          | _  |  |  |   |  |              |                   |                               |
|             | ■ No. Go to                                      |  | in a sonar                             | ate household?  |  |              |                   |                               |
|             | □ res. <b>Doc</b>                                |  | iii a sepai                            | ate nousenoia:  |  |              |                   |                               |
|             |  |  | st file Offici                         | al Form 106J-2, Expenses  | for Separate House                     | ehold of Deb | tor 2.            |                               |
| •           |  |  | _                                      |   |  |              |                   |                               |
| 2.          | Do you nave                                      | e dependents?  | ☐ No                                   |   |  |              |                   |                               |
|             | Do not list De<br>Debtor 2.                      | ebtor 1 and  | Yes.                                   | Fill out this information for each dependent                              | Dependent's relat<br>Debtor 1 or Debto |              | Dependent's age   | Does dependent live with you? |
|             | Do not state                                     | the  |  |   |  |              |                   | □ No                          |
|             | dependents                                       | names.   |  |   | daughter                               |              | 20                | Yes                           |
|             |  |  |  |   |  |              |                   | □ No                          |
|             |  |  |  |   |  |              |                   | ☐ Yes                         |
|             |  |  |  |   |  |              |                   | □ No                          |
|             |  |  |  |   | -                                      |              | _                 | ☐ Yes<br>☐ No                 |
|             |  |  |  |   |  |              |                   | ☐ Yes                         |
| 3.          | Do your exp                                      | enses include  |  | No  |  |              |                   | <b>-</b> 100                  |
|             |  | f people other t<br>d your depende                   | than 🦳                                 | Yes   |  |              |                   |                               |
| D           | Father   | -1- V 0  |  |   |  |              |                   |                               |
| Est         | imate your ex                                    |  | our bankr                              | y Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |  |              |                   |                               |
| app         | licable date.                                    |  |  |   |  |              |                   |                               |
| Incl        | ude expense                                      | s paid for with                                      | non-cash                               | government assistance i   | f you know                             |              |                   |                               |
|             |  |  | d have inc                             | luded it on Schedule I: \   | our Income                             |              | Your exp          | encec                         |
| (On         | ficial Form 10                                   | 61.)   |  |   |  |              | Tour exp          | Cliscs                        |
| 4.          |  | r home owners  |  | ses for your residence. I   | nclude first mortgag                   | e<br>4. \$   | S                 | 2,485.00                      |
|             | If not includ                                    | ed in line 4:  |  |   |  |              |                   |                               |
|             | 4a. Real e                                       | state taxes  |  |   |  | 4a. \$       | 3                 | 0.00                          |
|             |  | rty, homeowner'                                      | s, or renter                           | 's insurance  |  | 4b. \$       |                   | 15.00                         |
|             | 4c. Home   | maintenance, re                                      | epair, and ι                           | ıpkeep expenses   |  | 4c. \$       |                   | 0.00                          |
| _           |  | owner's associa                                      |  |   |  | 4d. \$       |                   | 0.00                          |
| 5.          | Additional n                                     | nortgage paym  | ents for yo                            | <b>our residence,</b> such as ho  | me equity loans                        | 5. \$        | j.                | 0.00                          |

# Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 32 of 54

| Debtor 1 Tracy L. Doran                     |   | Case num          | ber (if known)    |                           |
|---|---|-------------------|-------------------|---------------------------|
| . Utilities:                                |   |                   |                   |                           |
| 6a. Electricity, heat, nat                  | tural gas   | 6a.               | \$                | 90.00                     |
| 6b. Water, sewer, garba                     | _   | 6b.               | · ·               | 0.00                      |
|   | one, Internet, satellite, and cable services                    | 6c.               | ·                 | 355.00                    |
| 6d. Other. Specify:                         | Tio, interrior, catemite, and capie corvides                    | 6d.               | ·                 | 0.00                      |
| Food and housekeeping                       | sunnlies  | 7.                | *                 | 750.00                    |
| Childcare and children's                    | • • •   | 8.                | \$                |                           |
|   |   | 9.                | \$                | 0.00                      |
| Clothing, laundry, and d                    |   |                   | ·                 | 125.00                    |
| Personal care products                      |   | 10.               | ·                 | 100.00                    |
| Medical and dental expe                     |   | 11.               | \$                | 150.00                    |
|   | gas, maintenance, bus or train fare.                            | 12.               | \$                | 405.00                    |
| Do not include car payment                  | กเร.<br>creation, newspapers, magazines, and books              | 13.               |                   |                           |
|   |   |                   | ·                 | 200.00                    |
| Charitable contributions                    | and rengious donations  | 14.               | Φ                 | 0.00                      |
| 5. Insurance.                               | deducted from your pay or included in lines 4 or 20             |                   |                   |                           |
| 15a. Life insurance                         | deducted from your pay or included in lines 4 or 20.            | 15a.              | ¢                 | 0.00                      |
|   |   |                   | ·                 | 0.00                      |
| 15b. Health insurance                       |   | 15b.              | ·                 | 0.00                      |
| 15c. Vehicle insurance                      |   | 15c.              | ·                 | 326.00                    |
| 15d. Other insurance. Sp                    | ·   | 15d.              | \$                | 0.00                      |
|   | es deducted from your pay or included in lines 4 or 20          |                   | _                 |                           |
| Specify:                                    |   | 16.               | \$                | 0.00                      |
| 7. Installment or lease pay                 |   |                   | •                 |                           |
| 17a. Car payments for V                     |   | 17a.              | ·                 | 599.00                    |
| 17b. Car payments for V                     | ehicle 2  | 17b.              | ·                 | 0.00                      |
| 17c. Other. Specify:                        |   | 17c.              |                   | 0.00                      |
| 17d. Other. Specify:                        |   | 17d.              | \$                | 0.00                      |
|   | ny, maintenance, and support that you did not rep               |                   | _                 | 0.00                      |
|   | on line 5, Schedule I, Your Income (Official Form               | <b>106I).</b> 18. | · -               | 0.00                      |
| <ol><li>Other payments you ma</li></ol>     | ke to support others who do not live with you.                  |                   | \$                | 0.00                      |
| Specify:                                    |   | 19.               |                   |                           |
|   | enses not included in lines 4 or 5 of this form or or           |                   |                   |                           |
| <ol><li>20a. Mortgages on other</li></ol>   | property  | 20a.              | \$                | 0.00                      |
| <ol><li>Real estate taxes</li></ol>         |   | 20b.              | \$                | 0.00                      |
| 20c. Property, homeown                      | er's, or renter's insurance                                     | 20c.              | \$                | 0.00                      |
| 20d. Maintenance, repair                    | r, and upkeep expenses  | 20d.              | \$                | 0.00                      |
| 20e. Homeowner's associated                 | ciation or condominium dues                                     | 20e.              | \$                | 0.00                      |
| . Other: Specify:                           |   | 21.               | ·                 | 0.00                      |
|   |   |                   | - Ψ               | 0.00                      |
| <ol><li>Calculate your monthly of</li></ol> | expenses  |                   |                   |                           |
| 22a. Add lines 4 through 2                  | 21.   |                   | \$                | 5,600.00                  |
| 22b. Copy line 22 (monthly                  | y expenses for Debtor 2), if any, from Official Form 10         | )6J-2             | \$                | ·                         |
|   | b. The result is your monthly expenses.                         |                   | \$                | 5,600.00                  |
|   |   |                   |                   | 3,000.00                  |
| B. Calculate your monthly                   | net income.   |                   |                   |                           |
| 23a. Copy line 12 (your o                   | combined monthly income) from Schedule I.                       | 23a.              | \$                | 5,645.84                  |
|   | expenses from line 22c above.                                   | 23b.              | -\$               | 5,600.00                  |
| ,   | •   |                   |                   | -,                        |
| 23c. Subtract your month                    | hly expenses from your monthly income.                          |                   |                   | .= = =                    |
| The result is your m                        |   | 23c.              | \$                | 45.84                     |
|   | •   |                   |                   |                           |
|   | se or decrease in your expenses within the year a               |                   |                   |                           |
|   | o finish paying for your car loan within the year or do you exp | ect your mortgage | payment to increa | ase or decrease because o |
| modification to the terms of you            | our mortgage?   |                   |                   |                           |
| ■ No.                                       |   |                   |                   |                           |
| ☐ Yes. Explain                              | here:   |                   |                   |                           |

# Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 33 of 54

| ill in this inforr             | mation to identify your                          | case:                          |                             |  |
|--------------------------------|--|--------------------------------|-----------------------------|--|
| Debtor 1                       | Tracy L. Doran                                   |                                |                             |  |
|                                | First Name                                       | Middle Name                    | Last Name                   |  |
| Debtor 2<br>Spouse if, filing) | First Name                                       | Middle Name                    | Last Name                   |  |
| Jnited States Ba               | ankruptcy Court for the:                         | DISTRICT OF NEW JERSEY         |                             |  |
| Case number _<br>f known)      |  |                                |                             | ☐ Check if this is an amended filing   |
| Official Form                  |  | n Individual De                | btor's Sched                | ules 12/15   |
| ·<br>                          | 8 U.S.C. §§ 152, 1341, 1<br>n Below              | 1313, and 3371.                |                             |  |
|                                |  | one who is NOT an attorney to  | help you fill out bankrupt  | cy forms?  |
| ■ No                           |  |                                |                             |  |
| ☐ Yes. N                       | Name of person                                   |                                |                             | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) |
|                                | lty of perjury, I declare<br>e true and correct. | that I have read the summary a | and schedules filed with th | nis declaration and  |
| X /s/ Trad                     | cy L. Doran                                      |                                | X                           |  |
| Tracy I                        | L. Doran<br>re of Debtor 1                       |                                | Signature of Debtor 2       | 2  |
| Date N                         | May 5, 2023                                      |                                | Date                        |  |

# Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 34 of 54

| Fill in this infor             | mation to identify you  | r case:   |                                    |                                     |                                    |  |  |  |  |  |
|--------------------------------|---|---|------------------------------------|-------------------------------------|------------------------------------|--|--|--|--|--|
| Debtor 1                       | Tracy L. Doran  |   |                                    |                                     |                                    |  |  |  |  |  |
| Debtor 2                       | First Name  | Middle Name   | Last Name                          |                                     |                                    |  |  |  |  |  |
| (Spouse if, filing)            | First Name  | Middle Name   | Last Name                          |                                     |                                    |  |  |  |  |  |
| United States Ba               | ankruptcy Court for the:  | DISTRICT OF NEW JERS  | SEY                                |                                     |                                    |  |  |  |  |  |
| Case number                    |   |   |                                    |                                     |                                    |  |  |  |  |  |
| (if known)                     |   |   |                                    |                                     | Check if this is an                |  |  |  |  |  |
|                                |   |   |                                    |                                     | mended filing                      |  |  |  |  |  |
|                                | –   |   |                                    |                                     |                                    |  |  |  |  |  |
| Official Fo                    |   |   |                                    |                                     |                                    |  |  |  |  |  |
| Statement                      | t of Financial  | Affairs for Individ   | duals Filing for B                 | ankruptcy                           | 04/22                              |  |  |  |  |  |
|                                |   | ible. If two married people a<br>, attach a separate sheet to                                     |                                    |                                     |                                    |  |  |  |  |  |
|                                | n). Answer every que  |   | unis form. On the top of an        | y additional pages, write yo        | ur name and case                   |  |  |  |  |  |
| Part 1: Give                   | Details About Your Ma   | arital Status and Where You   | Lived Before                       |                                     |                                    |  |  |  |  |  |
| -                              | ur current marital state  | 16.3  |                                    |                                     |                                    |  |  |  |  |  |
| i. Wilat is you                | /hat is your current marital status?  |   |                                    |                                     |                                    |  |  |  |  |  |
| ☐ Married                      |   |   |                                    |                                     |                                    |  |  |  |  |  |
| ■ Not ma                       | arried  |   |                                    |                                     |                                    |  |  |  |  |  |
| 2. During the                  | uring the last 3 years, have you lived anywhere other than where you live now?  |   |                                    |                                     |                                    |  |  |  |  |  |
| □ No                           | No  |   |                                    |                                     |                                    |  |  |  |  |  |
| Yes. Li                        | st all of the places you  | lived in the last 3 years. Do no  | ot include where you live now      | I.                                  |                                    |  |  |  |  |  |
| Debtor 1:                      | Debtor 1:   |   | Debtor 2 Prior Ac                  | ldress:                             | Dates Debtor 2                     |  |  |  |  |  |
|                                |   |   | _                                  |                                     | lived there                        |  |  |  |  |  |
| 8 Abbott<br>Lake Hon           | Drive<br>patcong, NJ 07849  | From-To:<br><b>2000-10/2023</b>   | ☐ Same as Debtor 1                 |                                     | Same as Debtor 1 From-To:          |  |  |  |  |  |
|                                | , a.c., g, 1.c. c. c. c.  |   |                                    |                                     |                                    |  |  |  |  |  |
| states and territo.  No Yes. M | ries include Arizona, Ca  | ver live with a spouse or leg<br>ilifornia, Idaho, Louisiana, Nev<br>hedule H: Your Codebtors (Of | vada, New Mexico, Puerto R         |                                     |                                    |  |  |  |  |  |
| Part 2 Expla                   | ain the Sources of You  | ır Income   |                                    |                                     |                                    |  |  |  |  |  |
| Fill in the tot                | Did you have any income from employment or from operating a business during this year or the two previous calendar years?  Till in the total amount of income you received from all jobs and all businesses, including part-time activities.  Tyou are filing a joint case and you have income that you receive together, list it only once under Debtor 1. |   |                                    |                                     |                                    |  |  |  |  |  |
| □ No                           |   |   |                                    |                                     |                                    |  |  |  |  |  |
| _                              | ill in the details.   |   |                                    |                                     |                                    |  |  |  |  |  |
|                                |   | Debtor 1  |                                    | Debtor 2                            |                                    |  |  |  |  |  |
|                                |   | Sources of income   | Gross income                       | Sources of income                   | Gross income                       |  |  |  |  |  |
|                                |   | Check all that apply.   | (before deductions and exclusions) | Check all that apply.               | (before deductions and exclusions) |  |  |  |  |  |
|                                |   | ■ Wages, commissions, bonuses, tips   | \$77,096.00                        | ☐ Wages, commissions, bonuses, tips |                                    |  |  |  |  |  |
|                                |   | ☐ Operating a business  |                                    | ☐ Operating a business              |                                    |  |  |  |  |  |

Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 35 of 54

| De | ebtor 1 Trac  | cy L. Doran  |  |   |  | C  | ase number (if known   |                               |   |
|----|---|--|--|---|--|--|--|-------------------------------|---|
|    |   |  |  |   |  |  |  |                               |   |
|    |   |  | Debtor 1   | 1   |  |  | Debtor 2   |                               |   |
|    |   |  |  | s of income<br>Il that apply.   | (befo  | s income<br>re deductions and<br>sions)  | Sources of in<br>Check all that  |                               | Gross income<br>(before deductions<br>and exclusions)                     |
|    |   | ar year before the   |  | es, commissions,<br>, tips  |  | \$75,701.00  | <b>D</b> ☐ Wages, conbonuses, tips   | mmissions,                    |   |
|    |   |  | ☐ Opera  | ating a business  |  |  | ☐ Operating a  | a business                    |   |
| 5. | Include inco<br>and other p<br>winnings. If<br>List each so | ome regardless of<br>ublic benefit payr<br>you are filing a jo                       | whether that inc<br>nents; pensions;<br>int case and you   | rental income; inter<br>have income that y  | amples c<br>rest; divid<br>you rece                            | of other income are<br>dends; money coll<br>ived together, list  | e alimony; child sup   | ; royalties; ar<br>ebtor 1.   | Security, unemployment,<br>nd gambling and lottery                        |
|    |   |  | Debtor 1<br>Sources<br>Describe  | of income   | each<br>(befo  | s income from<br>source<br>re deductions and<br>sions)   | Debtor 2<br>Sources of in<br>Describe below  |                               | Gross income<br>(before deductions<br>and exclusions)                     |
| D۵ | art 3: List (   | Cortain Paymont  | s You Made Ref   | fore You Filed for  | Rankrur  | ntev   |  |                               |   |
| 6. | □ No.   | Neither Debtor 1 individual primari During the 90 day No. Go to Yes List be          | nor Debtor 2 had by for a personal, we before you filed to line 7. Delow each credit that creditor. Do | family, or househod for bankruptcy, di  | umer del<br>ld purpos<br>id you pa<br>id a total<br>nts for do | bts. Consumer dese."  ay any creditor a to  of \$7,575* or more mestic support ob  | otal of \$7,575* or m  | ore?<br>syments and           | 01(8) as "incurred by an<br>the total amount you<br>and alimony. Also, do |
|    |   | * Subject to adju  Debtor 1 or Deb  During the 90 day  No. Go to  Yes List be inclu- | stment on 4/01/2 tor 2 or both haves before you filed to line 7. to below each credit                  | ve primarily consumble of the bankruptcy, distorted whom you paidomestic support of | s after thumer deleted you particular.                         | nat for cases filed on the case of the cas | on or after the date otal of \$600 or more and the total amoun upport and alimony. | ?<br>t you paid tha           |   |
|    | Creditor's  | Name and Addr  | ess  | Dates of payme  | ent  | Total amount   | Amount you   | Was this                      | payment for   |
|    |   |  |  |   |  | paid   | still owe  |                               | <b>, ,</b>  |
| 7. | Insiders incl   | lude your relative<br>u are an officer, d  | s; any general pa<br>irector, person in  | artners; relatives of control, or owner of  | any gen<br>of 20% o  | eral partners; part<br>r more of their vot   |  | ou are a gene<br>any managing | eral partner; corporations<br>gagent, including one fo                    |
|    | ■ No<br>□ Yes. Li   | ist all payments to  | o an insider.  |   |  |  |  |                               |   |
|    |   | er's Name and Address  |  | Dates of payme  | ent  | Total amount paid  | Amount you still owe   | Reason fo                     | or this payment   |

Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Case 23-13890-SLM Doc 1 Page 36 of 54 Document

Case number (if known)

| 8.  | Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cosi  |                         | ments or transfer a | any property | on account of a d          | ebt that benefited ar        |  |  |
|-----|---|-------------------------|---------------------|--------------|----------------------------|------------------------------|--|--|
|     | ■ No  |                         |                     |              |                            |                              |  |  |
|     | Yes. List all payments to an insider  |                         |                     |              |                            |                              |  |  |
|     | Insider's Name and Address  | Dates of payment        | Total amount paid   | Amount ye    |                            | this payment<br>litor's name |  |  |
| Pai | rt 4: Identify Legal Actions, Repossession  | s, and Foreclosures     |                     |              |                            |                              |  |  |
| 9.  | Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. |                         |                     |              |                            |                              |  |  |
|     | ■ No  |                         |                     |              |                            |                              |  |  |
|     | Yes. Fill in the details.   |                         |                     |              |                            |                              |  |  |
|     | Case title Case number  | Nature of the case      | Court or agency     |              | Status of th               | e case                       |  |  |
| 10. | Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.  |                         |                     |              |                            |                              |  |  |
|     | ■ No. Go to line 11. □ Yes. Fill in the information below.  |                         |                     |              |                            |                              |  |  |
|     | Creditor Name and Address   | Describe the Property   |                     |              | Date                       | Value of the                 |  |  |
|     |   | Explain what happened   |                     |              | propert                    |                              |  |  |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?  No Yes. Fill in the details.  |                         |                     |              |                            |                              |  |  |
|     | Creditor Name and Address   | Describe the action the | creditor took       |              | Date action was aken       | Amoun                        |  |  |
| 12. | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?  |                         |                     |              |                            |                              |  |  |
|     | ■ No  |                         |                     |              |                            |                              |  |  |
|     | ■ No □ Yes  |                         |                     |              |                            |                              |  |  |
| Pai | rt 5: List Certain Gifts and Contributions  |                         |                     |              |                            |                              |  |  |
| 13. | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No  |                         |                     |              |                            |                              |  |  |
|     | Yes. Fill in the details for each gift.   |                         |                     |              |                            |                              |  |  |
|     | Gifts with a total value of more than \$600 per person  | Describe the gifts      |                     |              | Dates you gave<br>he gifts | Value                        |  |  |
|     | Person to Whom You Gave the Gift and Address:   |                         |                     |              |                            |                              |  |  |
| 14. | Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity  |                         |                     |              |                            |                              |  |  |
|     | <ul><li>No</li><li>☐ Yes. Fill in the details for each gift or cont</li></ul>   | ribution                |                     |              |                            |                              |  |  |
|     | Gifts or contributions to charities that total more than \$600 Charity's Name   |                         | contributed         |              | Dates you<br>contributed   | Value                        |  |  |
|     | Address (Number, Street, City, State and ZIP Code)  |                         |                     |              |                            |                              |  |  |

Part 6: List Certain Losses

Debtor 1 Tracy L. Doran

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Page 37 of 54 Document Case number (if known) Debtor 1 Tracy L. Doran or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. □ No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You Joan Warren, Esquire \$1250.00 plus court filing fee plus cccs \$1,250.00 699 Washington Street Suite 103 Hackettstown, NJ 07840 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. Person Who Was Paid Description and value of any property Amount of Date payment **Address** transferred or transfer was payment made 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Nο Yes. Fill in the details. **Person Who Received Transfer** Description and value of Describe any property or Date transfer was payments received or debts **Address** property transferred made paid in exchange Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

Description and value of the property transferred

Date Transfer was

made

Name of trust

Yes. Fill in the details.

Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 38 of 54

Debtor 1 Tracy L. Doran Case number (if known)

| Pai | t 8: List of Certain Financial Accounts, Ir   | nstruments, Safe Depos                                      | sit Boxes, and Sto | orage Unit              | s  |   |
|-----|---|---|--------------------|-------------------------|--|---|
| 20. | Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso | or other financial acco                                     | unts; certificates | of deposi               |  |   |
|     | Yes. Fill in the details.   |   |                    |                         |  |   |
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  | Last 4 digits of account number                             | Type of accou      | int or                  | Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 cash, or other valuables?   | year before you filed for                                   | or bankruptcy, an  | ny safe de <sub>l</sub> | oosit box or other depos                             | itory for securities,                         |
|     | ■ No □ Yes. Fill in the details.  |   |                    |                         |  |   |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had an Address (Number State and ZIP Code)         |                    | Describe                | the contents   | Do you still have it?                         |
| 22. | Have you stored property in a storage unit  No  | or place other than you                                     | ur home within 1   | year befo               | re you filed for bankrupt                            | cy?   |
|     | Yes. Fill in the details.   |   |                    |                         |  |   |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)  | Who else has of to it?  Address (Number State and ZIP Code) |                    | Describe                | the contents   | Do you still have it?                         |
| Pai | t 9: Identify Property You Hold or Contro   | I for Someone Else  |                    |                         |  |   |
| 23. | Do you hold or control any property that so for someone.  | omeone else owns? Inc                                       | clude any propert  | y you bor               | rowed from, are storing                              | for, or hold in trust                         |
|     | ■ No □ Yes. Fill in the details.  |   |                    |                         |  |   |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the pro<br>(Number, Street, City<br>Code)          |                    | Describe                | the property   | Value   |
| Pai | t 10: Give Details About Environmental In   | formation   |                    |                         |  |   |
| For | the purpose of Part 10, the following definit   | ions apply:   |                    |                         |  |   |
|     | Environmental law means any federal, stat<br>toxic substances, wastes, or material into<br>regulations controlling the cleanup of thes                      | the air, land, soil, surfa                                  | ce water, ground   | • .                     |  |   |
|     | Site means any location, facility, or proper to own, operate, or utilize it, including disp   |   | / environmental la | aw, wheth               | er you now own, operat                               | e, or utilize it or used                      |
|     | Hazardous material means anything an enhazardous material, pollutant, contaminant   |   | s as a hazardous   | waste, ha               | zardous substance, toxi                              | c substance,                                  |
| Rep | ort all notices, releases, and proceedings th   | nat you know about, re                                      | gardless of when   | they occu               | ırred.   |   |
| 24. | Has any governmental unit notified you that   | at you may be liable or                                     | potentially liable | under or i              | n violation of an environ                            | mental law?                                   |
|     | ■ No □ Yes. Fill in the details.  |   |                    |                         |  |   |
|     | Name of site  | Governmental u  | ınit               | Envir                   | onmental law, if you                                 | Date of notice                                |

Address (Number, Street, City, State and

ZIP Code)

know it

Address (Number, Street, City, State and ZIP Code)

Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Page 39 of 54 Document Debtor 1 Tracy L. Doran Case number (if known) 25. Have you notified any governmental unit of any release of hazardous material? Nο Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it **ZIP Code**) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Nο Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Employer Identification number Business Name** Describe the nature of the business **Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Tracy L. Doran Signature of Debtor 2 Tracy L. Doran Signature of Debtor 1 Date May 5, 2023 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

Official Form 107

Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 40 of 54

Debtor 1 Tracy L. Doran Case number (if known)

# Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 41 of 54

| Fill in this inform             | in this information to identify your case:       |                       |                |  |              |                                      |
|---------------------------------|--|-----------------------|----------------|--|--------------|--------------------------------------|
| Debtor 1                        | Tracy L. Doran                                   |                       |                |  |              |                                      |
| Dobtor 2                        | First Name                                       | Middle Name           |                | Last Name  |              |                                      |
| Debtor 2<br>(Spouse if, filing) | First Name                                       | Middle Name           |                | Last Name  | -            |                                      |
| United States Bar               | nkruptcy Court for the:                          | DISTRICT OF NE        | W JERSEY       |  | _            |                                      |
| Case number                     |  |                       |                |  |              |                                      |
| (if known)                      |  |                       |                |  |              | ☐ Check if this is an amended filing |
| Official For                    |  | n for Indiv           | /iduals        | Filing Under Cha   | nter 7       | 12/15                                |
|                                 | vidual filing under cha                          |                       |                |  | ptei 1       | 12/15                                |
| creditors have                  | e claims secured by yo                           | our property, or      |                |  |              |                                      |
| You must file this              | ver is earlier, unless th                        | vithin 30 days after  | you file your  | bankruptcy petition or by the dause. You must also send copies |              |                                      |
|                                 | ople are filing togethe d date the form.         | r in a joint case, bo | oth are equali | y responsible for supplying corr                               | ect informa  | ation. Both debtors must             |
|                                 | and accurate as possib<br>our name and case nu   |                       | s needed, att  | ach a separate sheet to this form                              | ı. On the to | p of any additional pages,           |
| Part 1: List Yo                 | our Creditors Who Hav                            | e Secured Claims      |                |  |              |                                      |
|                                 | ors that you listed in P                         | art 1 of Schedule D   | ): Creditors V | Vho Have Claims Secured by Pro                                 | perty (Offic | cial Form 106D), fill in the         |
| information be                  |  |                       |                | ou intend to do with the property                              |              | Did you claim the property           |
|                                 |  |                       | secures a      |  |              | as exempt on Schedule C?             |
|                                 |  |                       |                |  |              |                                      |
| Creditor's 21                   | 1st Century Mortgag                              | je                    | Surrence       | der the property.  |              | □ No                                 |
| name:                           |  |                       |                | the property and redeem it.                                    |              | ■ Yes                                |
| Description of                  | 8 Abbot Drive Lak                                | e Hopatcong,          |                | the property and enter into a mation Agreement.                |              | <b>—</b> 163                         |
| property                        | NJ 07849 Morris (                                | County                |                | the property and [explain]:                                    |              |                                      |
| securing debt:                  | debtor's former m<br>owned jontly with<br>spouse |                       |                |  |              |                                      |
| Creditor's Al                   | lly  |                       | ☐ Surreno      | der the property.  |              | ■ No                                 |
| name:                           |  |                       | ☐ Retain       | the property and redeem it.                                    |              |                                      |
| Description of                  | 2019 Chevrolet Tra                               | ax 21000              |                | the property and enter into a                                  |              | ☐ Yes                                |
| property                        | miles  |                       |                | mation Agreement. the property and [explain]:                  |              |                                      |
| securing debt:                  | -daughter;s car<br>-Mom co-signed                |                       |                |  |              |                                      |
| Creditor's B                    | ank of America Mor                               | tgage                 | Currona        | der the property.  |              | □ No                                 |
| name:                           |  |                       |                | the property and redeem it.                                    |              |                                      |
|                                 |  |                       |                | ,  |              | Yes                                  |

## Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 42 of 54

| Debtor 1 Tracy I                             | L. Doran  | Case number (if know  | n)                                 |
|--|---|---|------------------------------------|
| property (securing debt:                     | 8 Abbot Drive Lake Hopatcong,<br>NJ 07849 Morris County<br>debtor's former marital home<br>owned jontly with former<br>spouse | <ul><li>☐ Retain the property and enter into a<br/>Reaffirmation Agreement.</li><li>☐ Retain the property and [explain]:</li></ul>                        |                                    |
| Creditor's <b>Cor</b>                        | nmunity Bank NA   | ■ Surrender the property.   | ■ No                               |
|  | 2008 Ford F350  | <ul> <li>Retain the property and redeem it.</li> <li>Retain the property and enter into a Reaffirmation Agreement.</li> </ul>                             | □ Yes                              |
| property <b>f</b><br>securing debt:          | former spouse car   | ☐ Retain the property and [explain]:  | _                                  |
| or any unexpired not the information to      | pelow. Do not list real estate leases. U  | d in Schedule G: Executory Contracts and Unexpinexpired leases are leases that are still in effect; to the trustee does not assume it. 11 U.S.C. § 365(p) | he lease period has not yet ended. |
| Describe your une                            | xpired personal property leases   |   | Will the lease be assumed?         |
| Lessor's name:                               | Chrysler Financial  |   | □ No                               |
|  |   |   | ■ Yes                              |
| Description of lease<br>Property:            | ed lease of 2021 Dodge Durango  | for \$599.00 per month  |                                    |
| Lessor's name:                               | landlord  |   | □ No                               |
|  |   |   | ■ Yes                              |
| Description of lease<br>Property:            | ed yearly lease of apartment for S  | \$2485.00 per month   |                                    |
| Part 3: Sign Belo                            | ow  |   |                                    |
| Inder penalty of per<br>property that is sub | erjury, I declare that I have indicated m<br>oject to an unexpired lease.   | ny intention about any property of my estate that s   | ecures a debt and any personal     |
| X /s/ Tracy L. I                             |   | x   |                                    |
| Tracy L. Dor<br>Signature of D               |   | Signature of Debtor 2   |                                    |
| Date <b>May</b>                              | , 5, 2023   | Date  |                                    |

## Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 43 of 54

| Fill in this info                                       | rmation to identify your case:  |   |                                     |                      |                     | rected in this form and                                | in Form                           |
|---|---|---|-------------------------------------|----------------------|---------------------|--|-----------------------------------|
| Debtor 1  | Tracy L. Doran  |   |                                     | 2A-1Su               | ipp:                |  |                                   |
| Debtor 2<br>(Spouse, if filing)                         |   |   |                                     | ■ 1. T               | here is no presu    | umption of abuse                                       |                                   |
| United States   | Bankruptcy Court for the: District of New Je  | sey                                       |                                     | a                    | applies will be m   | o determine if a presul<br>nade under <i>Chapter 7</i> | •                                 |
| Case number   |   |   |                                     |                      | ,                   | cial Form 122A-2). does not apply now be               | ecause of                         |
|   |   |   |                                     | C                    | qualified military  | service but it could ap                                | oply later.                       |
|   |   |   |                                     | ☐ Ch                 | eck if this is a    | n amended filing                                       |                                   |
|   | Form 122A - 1   |   |                                     |                      |                     |  |                                   |
| Chapter   | 7 Statement of Your Cur   | rent Moi                                  | nthly Inc                           | ome                  | е                   |  | 12/19                             |
| attach a separa<br>case number (if<br>qualifying milita | and accurate as possible. If two married people a<br>te sheet to this form. Include the line number to w<br>known). If you believe that you are exempted fro<br>ary service, complete and file Statement of Exemp<br>alculate Your Current Monthly Income | hich the addition<br>m a presumption      | nal information a<br>of abuse becau | applies.<br>Ise you  | On the top of an    | ny additional pages, wri<br>narily consumer debts o    | te your name and<br>or because of |
| 1. What is  | your marital and filing status? Check one or  | nly.                                      |                                     |                      |                     |  |                                   |
| ■ Not n   | narried. Fill out Column A, lines 2-11.   |   |                                     |                      |                     |  |                                   |
| ☐ Marri   | ed and your spouse is filing with you. Fill ou  | ut both Columns                           | A and B, lines                      | 2-11.                |                     |  |                                   |
| ☐ Marri   | ed and your spouse is NOT filing with you.  | You and your s                            | spouse are:                         |                      |                     |  |                                   |
| □ Liv   | ing in the same household and are not lega  | ally separated.                           | Fill out both Co                    | lumns                | A and B, lines 2    | 2-11.  |                                   |
| ре  | ing separately or are legally separated. Fill nalty of perjury that you and your spouse are ling apart for reasons that do not include evading  | egally separated                          | d under nonbar                      | kruptc               | y law that applie   | es or that you and you                                 |                                   |
| 101(10A). Fo<br>the 6 months                            | erage monthly income that you received from all<br>or example, if you are filing on September 15, the 6-m<br>,, add the income for all 6 months and divide the total<br>the same rental property, put the income from that p                              | onth period would<br>by 6. Fill in the re | be March 1 thro sult. Do not inclu  | ugh Aug<br>de any ii | just 31. If the amo | unt of your monthly incor<br>ore than once. For examp  | ne varied during<br>ble, if both  |
|   |   |   |                                     | Colun                |                     | Column B Debtor 2 or non-filing spouse                 |                                   |
|   | oss wages, salary, tips, bonuses, overtime, eductions).   | and commission                            | ons (before all                     | \$                   | 7,774.74            | \$   |                                   |
|   | and maintenance payments. Do not include B is filled in.  | payments from                             | a spouse if                         | \$                   | 0.00                | \$   |                                   |
| of you o<br>from an o<br>and roon                       | unts from any source which are regularly party your dependents, including child support unmarried partner, members of your household mates. Include regular contributions from a spoon on the include payments you listed on line 3.                      | Include regular<br>d, your depende        | r contributions<br>nts, parents,    | \$                   | 0.00                | \$   |                                   |
|   | me from operating a business, profession,   | or farm                                   |                                     | -                    |                     |  |                                   |
|   |   |   | otor 1                              |                      |                     |  |                                   |
|   | ceipts (before all deductions)  | \$ 0.00                                   |                                     |                      |                     |  |                                   |
|   | and necessary operating expenses  | -\$ 0.00                                  | Cany have                           | ď                    | 0.00                | ¢.   |                                   |
|   | thly income from a business, profession, or far   | m \$                                      | Copy here ->                        | ъ —                  | 0.00                | \$   |                                   |
| 6. Net inco   | me from rental and other real property  | Deh                                       | otor 1                              |                      |                     |  |                                   |
| Gross re  | ceipts (before all deductions)  | \$ 0.00                                   |                                     |                      |                     |  |                                   |
|   | and necessary operating expenses  | -\$ 0.00                                  |                                     |                      |                     |  |                                   |
|   | thly income from rental or other real property  | \$ 0.00                                   | Copy here ->                        | \$                   | 0.00                | \$   |                                   |
| 7. Interest,  | dividends, and royalties  |   |                                     | \$                   | 0.00                | \$   |                                   |

#### Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Page 44 of 54 Document

Tracy L. Doran Debtor 1 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For your spouse 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.. 0.00 0.00 Total amounts from separate pages, if any. 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 7,774.74 7,774.74 \$ \$ each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 7,774.74 Multiply by 12 (the number of months in a year) **x** 12 93.296.88 12b. The result is your annual income for this part of the form 12h. 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. N.J Fill in the number of people in your household. 2 99,056.00 Fill in the median family income for your state and size of household. 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

Signature of Debtor 1

## Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 45 of 54

| Debtor 1 | Tracy L. Doran  | Case number (if known) |  |
|----------|---|------------------------|--|
| Da       | ate May 5, 2023 MM / DD / YYYY  |                        |  |
|          | If you checked line 14a, do NOT fill out or file Form 122A-2.             |                        |  |
|          | If you checked line 14b, fill out Form 122A-2 and file it with this form. |                        |  |

Debtor 1 Tracy L. Doran Case number (if known)

#### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 11/01/2022 to 04/30/2023.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Benjamin Moore

Income by Month:

| 6 Months Ago: | 11/2022            | \$5,858.66  |
|---------------|--------------------|-------------|
| 5 Months Ago: | 12/2022            | \$6,840.18  |
| 4 Months Ago: | 01/2023            | \$5,858.66  |
| 3 Months Ago: | 02/2023            | \$5,858.66  |
| 2 Months Ago: | 03/2023            | \$13,273.40 |
| Last Month:   | 04/2023            | \$6,151.60  |
|               | Average per month: | \$7,306.86  |

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Shop Rite

Income by Month:

| 6 Months Ago: | 11/2022            | \$0.00     |
|---------------|--------------------|------------|
| 5 Months Ago: | 12/2022            | \$0.00     |
| 4 Months Ago: | 01/2023            | \$0.00     |
| 3 Months Ago: | 02/2023            | \$1,032.50 |
| 2 Months Ago: | 03/2023            | \$942.75   |
| Last Month:   | 04/2023            | \$832.00   |
|               | Average per month: | \$467.88   |
|               |                    |            |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |  |
|------------|--------------------|--|
| \$245      | filing fee         |  |
| \$78       | administrative fee |  |
| + \$15     | trustee surcharge  |  |
| \$338      | total fee          |  |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$571 administrative fee \$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$278 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$78  | administrative fee |
|   | \$313 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 51 of 54

B2030 (Form 2030) (12/15)

#### United States Bankruptcy Court District of New Jersey

| In r | e Tracy L. Dor  | an  |  | •  | Case No.                            |                      |                  |
|------|---|---|--|--|-------------------------------------|----------------------|------------------|
|      |   |   |  | Debtor(s)  | Chapter                             | 7                    |                  |
|      | DI  | SCLOSU  | RE OF COMP   | ENSATION OF ATTOR  | NEY FOR D                           | EBTOR(S)             |                  |
| 1.   | compensation paid   | to me within  | one year before the fi   | 16(b), I certify that I am the attorne iling of the petition in bankruptcy, on of or in connection with the bank   | or agreed to be pai                 | d to me, for service |                  |
|      | For legal serv  | ices, I have ag   | reed to accept   |  | \$                                  | 1,250.00             |                  |
|      |   |   |  | ed   |                                     | 1,250.00             |                  |
|      |   |   |  |  |                                     | 0.00                 |                  |
| 2.   | The source of the c   |   |  |  | <del></del>                         |                      |                  |
|      | Debtor  | ☐ Other   | r (specify):   |  |                                     |                      |                  |
| 3.   | The source of com   | pensation to be   | e paid to me is:   |  |                                     |                      |                  |
|      | Debtor  | ☐ Other   | r (specify):   |  |                                     |                      |                  |
| 4.   | ■ I have not agree  | ed to share the   | e above-disclosed cor  | mpensation with any other person u   | nless they are men                  | nbers and associate  | s of my law firm |
|      |   |   |  | ensation with a person or persons who when the people sharing in the content of the people sharing in the content of the people sharing in the |                                     |                      | ny law firm. A   |
| 5.   | In return for the ab  | ove-disclosed   | fee, I have agreed to  | render legal service for all aspects   | of the bankruptcy                   | case, including:     |                  |
|      | <ul><li>b. Preparation and</li><li>c. Representation</li><li>d. [Other provisio</li><li>Negotiat</li><li>reaffirm</li></ul> | I filing of any pof the debtor and as needed] sions with seation agreen | petition, schedules, s<br>at the meeting of crec<br>ecured creditors to<br>nents and applica | ndering advice to the debtor in deter<br>tatement of affairs and plan which a<br>ditors and confirmation hearing, and<br>o reduce to market value; exer<br>tions as needed; preparation a<br>household goods.  | may be required; I any adjourned he | arings thereof;      | nd filing of     |
| 6.   | Represe   | ntation of th   |  | fee does not include the following dischargeability actions, judic   |                                     | ces, relief from s   | stay actions or  |
|      |   |   |  | CERTIFICATION  |                                     |                      |                  |
| this | I certify that the forbankruptcy proceed  |   | omplete statement of   | any agreement or arrangement for p   | payment to me for                   | representation of th | ne debtor(s) in  |
|      | May 5, 2023   |   |  | /s/ Joan Sirkis Wa   | rren                                |                      |                  |
| _    | Date  |   |  | Joan Sirkis Warre  |                                     |                      |                  |
|      |   |   |  | Signature of Attorney <b>Lavery &amp; Sirkis</b>   |                                     |                      |                  |
|      |   |   |  | 699 Washington S   | treet                               |                      |                  |
|      |   |   |  | Suite 103<br>Hackettstown, NJ  | 07840                               |                      |                  |
|      |   |   |  | 908-850-6161 Fax   |                                     |                      |                  |
|      |   |   |  | joan@joanlaveryla  | w.com                               |                      |                  |
|      |   |   |  | Name of law firm   |                                     |                      |                  |

# Case 23-13890-SLM Doc 1 Filed 05/05/23 Entered 05/05/23 13:55:54 Desc Main Document Page 52 of 54

#### United States Bankruptcy Court District of New Jersey

|      |                                | District of New Jersey                                 |                    |                      |
|------|--------------------------------|--|--------------------|----------------------|
| n re | Tracy L. Doran                 |  | Case No.           |                      |
|      |                                | Debtor(s)  | Chapter            | 7                    |
|      |                                |  |                    |                      |
|      | VE                             | RIFICATION OF CREDITOR N                               | MATRIX             |                      |
| ah   | ova namad Dahtor haraby varifi | ies that the attached list of creditors is true and co | urract to the best | of his/har knowledge |
| , ao | ove named Bestor hereby verm   | ies that the attached list of electrons is true and eo | freet to the best  | of ms/ner knowledge. |
| ate: | May 5, 2023                    | /s/ Tracy L. Doran                                     |                    |                      |
|      |                                | Tracy L. Doran   |                    |                      |
|      |                                | Signature of Debtor                                    |                    |                      |

21st Century Mortgage 620 Market Street One Center Square Knoxville, TN 37902

Ally PO Box 380902 Minneapolis, MN 55438

Bank of America PO Box 26078 Greensboro, NC 27420

Bank of America Mortgage PO Box 26078 Greensboro, NC 27420

Capital One PO Box 70884 Charlotte, NC 28272-0884

Chrysler Financial Payment Processing Center PO Box 600 Newark, NJ 71010600

Community Bank NA PO Box 628 Olean, NY 14760

Dept of Education/Nelnet 121 S 13th st Lincoln, NE 68508

Kohl's Payment Center PO Box 2983 Milwaukee, WI 53201-2983

landlord

Mom

SYNCB/Care Credit PO Box 965036 Orlando, FL 32896

Torrid PO Box 659584 San Antonio, TX 78265-9584

USAA Savings Bank PO Box 47504 San Antonio, TX 78265

Wells Fargo Card Services P.O. Box 911 Des Moines, IA 503300001